Child Find

A reference manual to identify, locate and evaluate handicapped children

Help a child grow.

Education Unit, Office of Public Instruction
Rice, Superintendent, Helena, Montana

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A reference manual to identify, locate and evaluate handicapped children.

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IMPORTANT: This handbook was developed to assist LEAs in Montana to conduct comprehensive Child Find activities in compliance with State and Federal Law and Rules and Regulations. The handbook also outlines many optional practices and procedures which are strongly recommended as components of an effective screening program, but which are not required by law.

Produced by Special Education Unit, Montana Office of Public Instruction,
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Help a child grow.

Child Find
Reference Manual

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Preface: Laws and requirements governing Child Find.

Help a child grow.

"Help a child grow," is the title and purpose of the Montana Office of Public Instruction's Child Find campaign. As defined by State and Federal law, Child Find is the process by which handicapped children, birth through 21 years, are "identified, located and evaluated." This process is an annual, ongoing effort to find handicapped children in need of special education and/or related services to enable them to realize their right to a free, appropriate public education in the least restrictive environment possible.

It is the philosophy of the Office of Public Instruction that all handicapped children be afforded the opportunity to resolve/remediate that inconvenience in their lives. This commitment is reflected in the Montana Board of Public Education's policy statement which was first adopted December 11, 1972 and revised October 12, 1976. Section C of that policy is as follows:

> Consistent with Section 1 of Article X of the Montana Constitution adopted in 1972, the Board of Public Education maintains that the special education program shall assist all handicapped children and youth in developing their maximum education and social potential. In addition, the Board of Public Education encourages special education programs that enable handicapped youth to become partially or completely self-sufficient in our increasingly complex society. It is the intent of the Board of Public Education in adopting this policy that young handicapped persons will be given opportunities to become contributing, confident, dignified and self-reliant human beings. This Board of Public Education policy is based on the premise that the right of a young handicapped person to the special education he or she needs is as basic as the right of any other young citizen to an appropriate education in the schools of Montana.

This policy has been energetically pursued throughout Montana's public school system with strong legislative support in terms of appropriations for special education. Since 1975 the State Legislature has funded special education at 100% of allowable costs -- including nearly all direct and indirect costs incurred by the local education agencies for special education and related services to handicapped children.

The Montana Office of Public Instruction has been conducting Child Find activities since 1976, in compliance with Federal law. The Education

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of the Handicapped Act (P.L. 93-380) was passed by Congress in 1974 and amended in 1975 with passage of P.L.94-142, Education for All Handicapped Children Act. It is the purpose of the act to ensure that a free and appropriate public education is provided to all handicapped children.

In 1977, the Federal Register published rules and regulations for state and local education agencies to follow in implementing the act. These rules and regulations require both state and local education agencies to conduct Child Find activities ... to identify, locate and evaluate handicapped children, birth through 21 years. This requirement originated with Public Law 93-380, and is further delineated in Public Law 94-142:

> SECTION 121a.128 Identification, location, and evaluation of handicapped children.
>
> (a) General requirement. Each annual program plan must include in detail the policies and procedures which the State will undertake or has undertaken to ensure that:
>
> (1) All children who are handicapped, regardless of the severity of their handicap, and who are in need of special education and related services are identified, located, and evaluated;
> (2) A practical method is developed and implemented to determine which children are currently receiving needed special education and related services and which children are not currently receiving needed special education and related services.
>
> SECTION 121a.220 Child identification.
> Each application (from LEAs) must include procedures which insure that all children residing within the jurisdiction of the local educational agency who are handicapped, regardless of the severity of the handicap, and who are in need of special education and related services are identified, located and evaluated, including a practical method of determining which children are currently receiving needed special education and related services and which children are not currently receiving needed special education and related services.

Federal comment under Subpart C - Services, section 121a.300 of PL 94-142 provides further clarification of "Child Find":

> Under the statute, the age range for the Child Find requirement (0-21) is greater than the mandated age range for providing free appropriate public education (FAPE). One reason for the broader age requirement under "Child Find" is to enable States to be aware

of and plan for younger children who will require special education and related services.

Additionally, State of Montana regulations regarding Child Find are as follows:

10.16.1201 -- SCREENING AND REFERRAL PROCESS AND CHILD FIND.
(1) Each school district must screen and develop criteria for further assessment for its students annually to determine potential candidates for special education and report the screening process to the Superintendent of Public Instruction. (For further clarification, see Rule 48-2.18(26) S18450, the program narrative rule).

(2) Each school district is responsible for developing a referral process. Children and youth who have been or are being considered for retention, delayed admittance or exclusion from school in the regular program shall be considered as a possible referral to a Child Study Team.
(3) Each school is responsible for establishing a Child Find process. (History: Sec. 75-7802, 75-7811, R.D.M. 1947; Order MAC No. 48-1; 8/10/77; Eff. 8/25/77.)

10.16.901 -- PARENTAL NOTIFICATION OF DISTRICT IDENTIFICATION, LOCATION, REFERRAL AND SCREENING PROCEDURES.
(2) Local School Districts shall advise parents annually of the procedures for identification, location, referral and screening of preschool and school-age population. Such notice must be given through newspapers, student handbooks or letters to parents to ensure that parents of all children are informed of the procedures.

In an effort to meet the federal and state requirements outlined above, all local education agencies and cooperatives in Montana are required to annually submit to the Office of Public Instruction with their part B entitlement projects a detailed narrative outlining their local Child Find efforts. EHA-Part B monies cannot be released until this narrative is received and approved by the Office of Public Instruction. The narrative must include information regarding Child Find activities conducted in the following three areas:

1. preschool developmental screening (birth through 5 years of age).
2. in-school population (6 through 18 years of age).
3. out-of-school population (birth through 21 years of age).

This manual is divided into the three main areas described above. The first section deals with preschool developmental screening and the components necesary to conduct a quality screening program. The second section pertains to the annual screening of school-age children

enrolled in public school. The third section covers Child Find for handicapped children out of school -- children not known to the school district who are served by other private and public agencies or institutions.

NOTE: Sections 2 and 3 are incomplete at this time, and will be forwarded to recipients of this manual upon their completion.

FOREWORD

The following section is written to provide school districts in Montana with a guide to building and conducting preschool Child Find in their respective areas. Strategies and procedures outlined herein are provided as RECOMMENDATIONS for conducting comprehensive preschool developmental screening clinics.

The requirement around which these recommendations are made is simply that each school district is to ensure the provision of an active preschool developmental screening clinic. More specifically, the screening clinic must be outlined in narrative form (within the district's EHA-B application) and must include the following details:

(1) outline of the local publicity campaign,
(2) times, dates and locations of screening activities,
(3) screening approach (interagency cooperation, contract with outside agency, etc.),
(4) developmental areas to be screened,
(5) professionals involved in the screening and,
(6) follow-up information to include procedures for evaluating and conducting Child Study Team meetings for those children failing the screening.

It is important to note that the following discussion covers the minimum requirement by the Office of Public Instruction, and is by no means an exhaustive or comprehensive outline of developmental screening at its best. The four areas which must be included in each screening clinic, at each screening site, are as follows: 1) speech and language, 2) hearing, 3) vision and 4) fine and gross motor skills. Professionals in the fields represented above should be consulted prior to the screening clinics and preferably invited to participate to ensure a quality program.

Any screening in the preschool population that is conducted in addition to the above areas -- such as physicals, immunization status, dental screening, case history, urinalysis, etc. -- will contribute in a positive way to the total program. Usually screening can be accomplished in these non-required areas through interagency cooperation and collaboration. This can result in a more finely tuned screening program at no additional cost to the school or the parents.

INTRODUCTION

Developmental Screening for Preschool Child Find

Developmental screening is a formal process by which preschool children (birth through 5 years of age) are administered a series of brief tasks to indicate if they are functioning at a level consistent with their chronological age. These tasks are generally developmentally sequenced and are designed to reflect activities that children normally can do at a given age.

Screening is not, nor should it be, used to "label" a child as handicapped or to make diagnostic/prognostic statements concerning a child. Instead, preschool screening should answer two questions:

1) Does the child appear to be functioning in all developmental areas as other children of the same age do?
2) Does the child's performance during the screening indicate possible deficit areas, that might harmfully affect the learning process? If there are possible deficit areas, the school must then provide diagnostic services to the child to determine if he or she is indeed handicapped and, if so, specify the handicapping condition.

The primary objective of preschool Child Find is to locate all handicapped children between birth and five years of age and then to provide the necessary evaluations to those children. Preschool developmental screening serves to identify and locate children who are high risk of being handicapped. School districts throughout Montana are required, as part of their Child Find activities, to provide annual developmental screening to all children birth through age five residing within their district boundaries. It is hoped that through identifying, locating and evaluating handicapped preschool children that special education and/or related services will follow.

Many times a school district can fulfill the responsiblity to find and evaluate handicapped preschool children through a coordinated interagency effort. There are many potential areas where two or more agencies have a similar mandate to find, evaluate and serve handicapped children. Maternal and Child Health (MCH) within the Department of Health and Environmental Sciences has a similar mandate as the public schools regarding Child Find. MCH provides limited Child Find activities through Well Child Clinics and the Early, Periodic Screening,

Diagnosis and Treatment programs and is very interested in joining forces with the public schools to find handicapped children. This is true of many service providers such as city-county health departments, Family and Children's Services, local physicians, optometrists, etc. By utilizing all available resources, the schools can provide the best possible screening program while keeping costs to a minimum. (Further information about interagency cooperation is provided in Phase 1 below.)

According to the federal rules and regulations, preschool children are included within each school district's Child Find campaign "to enable States to be aware of and plan for younger children who will require special education and related services." Because of serious fiscal considerations, schools will need to plan carefully for handicapped children who will be enrolling in school in the future. The best way to make accurate plans for the future needs of handicapped children is to be aware of who those children are and what their educational needs will be. Once a school district has this information (through Child Find), plans can be made to provide the special education and related services needed by specific children. Here again the delivery of this service can be accomplished through an interagency approach which will make the most economical use of each dollar spent.

Although it is not required by law, it is advantageous for school districts to provide special education to handicapped preschool children before they reach school age, either directly or through interagency cooperation and coordination. Four major factors supporting early intervention are:

- Early intervention does have a positive effect on both the handicapped child and the family;
- Failure to intervene early may compound the handicap, causing secondary handicaps, such as social-emotional problems, speech and language delays/disorders, etc.;
- Parents of preschool handicapped children need support and models early, before patterns of parenting are established;
- The cost benefit ratio is more economical with early intervention than with later remediation.

Before any of these advantages can be realized, the handicapped child must be found and the nature of the handicap comprehensively identified. This is Child Find. For the public schools, the first step is providing developmental screening to all preschool children residing within district boundaries. This section of your Screening Handbook provides detailed information and recommendations to assist you in handling all phases of this preschool Child Find mandate.

Development of a Preschool Screening Program

Phase 1

Survey + Coordinate

Community

Resources

Phase 2

Plan a Coordinated

Screening Program

Phase 3

Locate children to be screened

Phase 4

Public Awareness Campaign

Phase 5

Review

Screening Checklist

Phase 6

Develop

Follow-up Procedures

Phase 7

Service Delivery

Models

Preschool Developmental Screening
Phase 1 - Developing Community Cooperation

GOAL: DEVELOP COOPERATIVE RELATIONSHIPS AMONG COMMUNITY AGENCIES AND INDIVIDUALS WHO ARE CURRENTLY PROVIDING SERVICES TO PRESCHOOL CHILDREN.

Step A:

Prepare a Community Resource Survey.

Step B:

Develop a list of local agencies and individuals providing services for preschool children.

Step C:

Survey agencies and individuals providing services for preschool children and compile the information using a matrix system for planning the screening program.

Step D:

Develop agreements among your Child Find personnel, agencies and individuals who will participate in the preschool screening program.

The effectiveness of a screening program for preschool children depends on thorough planning by the local Child Find Coordinator.

A fundamental component of the planning process is coordination of existing public and private agencies and individuals into an integrated community screening program that avoids duplication of services or the creation of new services unless absolutely necessary. An integrated screening approach utilizes specially trained personnel from various agencies to complement the services currently offered by local school districts.

This approach seeks to relieve the school district of the burden of employing special personnel to conduct preschool screening programs, yet assures that each child will be comprehensively screened in several developmental areas. An integrated screening program is consistent with the governmental trend towards avoiding duplication of social services and promoting coordination of services for developmentally disabled and delayed children. Coordination of these services is supported by both the Governor and the Interagency Committee.

Coordination of community resources also allows the Child Find Coordinator to demonstrate a willingness to utilize local expertise -- not supplant it. Closer cooperation between local school districts and other community agencies and individuals will undoubtedly benefit all children in your community.

Step A: Prepare a Community Resource Survey

Preparing a Community Resource Survey is the first step in coordinating existing screening resources that serve preschool children. The survey must be written by the Child Find Coordinator to satisfy the particular needs and requirements of your school district, perhaps with input from a committee representing various disciplines -- child development, occupational therapy, physical therapy, communication and speech disorders, education, developmental psychology, etc.

As a minimum, the survey should record:

1. Name of the agency and the contact person.
2. Type of screening and treatment services offered.
3. Range of handicapping conditions served.
4. Client eligibility requirements and restrictions.
5. Geographical areas currently served.
6. Age range and number of children served.
7. Agency case-finding procedures.
8. Follow-up services.
9. Willingness to participate in an integrated screening program. (See Appendix A for sample survey form.)

The information gathered through the survey is most conveniently organized for planning of a preschool screening program when recorded on a matrix form. The matrix compiles all available resources, as well as indicating any needed expertise not available from local agencies and individuals. (See appendix B for a sample matrix form).

Step B: Develop a list of local agencies and individuals providing services for preschool children.

The purpose of this list is to assure that all potential community resources will be surveyed prior to actual planning efforts. The list should include agencies and individuals providing both screening services and treatment services which are not directly associated with the local school district. Many communities have experienced and specially-trained individuals who would enthusiastically participate in a screening program. Including local individuals will also increase the likelihood of successfully attracting a maximum number of preschool children for the screening program.

At a minimum, a list of agencies and individuals might include:

- local physicians
- parent groups (PTA, church groups, etc.)
- Head Start
- local and regional health facilities
- Public Health nurse or doctor
- county health department, Indian health services
- public and private schools

- community service and fraternal organizations
- nonprofit child welfare and service corporations (SRS)
- local individuals with specialized training and experience
- colleges and universities
- Mental Health Centers

Your local Chamber of Commerce may have a list of service organizations which will serve as the basis for compiling your own list. If not, consult the Survey of State Resources included in Appendix K.

Step C: Survey agencies and individuals providing services for preschool children, using a matrix system to compile the survey information.

Your geographical area, and the number of agencies and individuals who must be contacted will dictate the way the survey is conducted. While personal contact is recommended, the large number of agencies in urban areas may dictate use of mail and telephone inquiries rather than personal visits. In rural areas, long distances may also require the Child Find Coordinator to conduct the survey by telephone or mail.

The attitude of the Child Find Coordinator as he or she conducts the surveys is vital. Openness to the suggestions and insights of each agency or individual will undoubtedly improve the screening program, since the details of the program may be greatly influenced by the experiences and suggestions of these resource persons.

All the information gathered in the survey can be effectively collated on the matrix form.

Step D: Develop an agreement among all parties who will participate in the preschool screening program.

The purpose of this interagency agreement is to define the roles and responsibilities of all participants in a screening program. It should detail the type and degree of commitment each participant will make

to the screening program, so that everyone's role is clear and misunderstandings are reduced. This process will also indicate where gaps exist in services needed for the screening program.

Deciding whether an oral or written agreement is appropriate will depend on prior working agreements between the parties involved, any agency rules regarding agreements to provide services, the existence of compensation for services rendered, local custom, etc. (See Appendix C for sample written agreement.) Whether oral or written, the interagency agreement should establish timelines for organ-izing the screening program. These deadlines give the Child Find Coordinator a way to monitor preparations by each party, and detect problems before they become insurmountable or jeopardize the effectiveness of the screening program.

Interagency agreements governing participation in a screening program might develop in the following way:

1. Review the information recorded on the matrix form (Appendix B). The matrix will indicate which community agencies or individuals are able to provide the necessary services, the likelihood of their participation, and which essential services are lacking.

2. Contact those agencies whose participation is essential to the preschool screening program.

3. Discuss potential roles and responsibilities of each agency or individual in the screening program and solicit suggestions and ideas.

4. Determine whether an oral or written agreement is most appropriate under the circumstances.

5. Make an agreement with the agency or individual, specifying roles and responsibilities of each party in the program.

The Child Find Coordinator should then form an interagency advisory committee comprised of a representative from each participating party. Purpose of the committee is to help the Child Find Coordinator plan the screening (see Phase 2), locate the children to be screened (see Phase 3), conduct a public awareness campaign (see Phase 4), conduct the screening itself (see Phase 5), use the screening results to make referrals (see Phase 6), and implement service delivery models (see Phase 7). The advisory committee decreases the possibility of duplicating services because all agencies and individuals will be in continual communication with each other.

The state may be able to provide you with services you lack locally. The prototype for the interagency advisory committee described above is the state Interagency Committee for handicapped children comprised of representatives of various state agencies. This committee aims to reduce duplication of services and to coordinate existing services into an integrated system on the state level. Coordination between this state interagency committee and local interagency advisory committees will help you further reduce duplication of services and may provide essential services to your screening program which are not available locally -- reducing demands on your local school district.

Preschool Developmental Screening
Phase 2 - Planning a Screening Program

A successful preschool screening program depends on a strong Child Find Coordinator who can effectively convert a mass of raw information into a coherent, workable plan. To be successful, a preschool screening program must accommodate local needs and circumstances, as well as anticipate and solve the logistic problems involved in coordinated interagency action.

GOAL: ORGANIZE A COORDINATED PRESCHOOL SCREENING PROGRAM

Step A:

Describe the target population to be screened

Step B:

Determine the developmental areas to be screened

Step C:

Identify the personnel necessary for an effective screening program

Step D:

Choose an appropriate screening test

Step E:

Determine the failure criteria

Step F:

Select the site, date and time for the screening program

Step G:

Develop a record-keeping system

Step H:

Miscellaneous considerations

Step I:

Write a narrative about your Child Find program

Step A: Describe the target population to be screened

It is essential to describe the target population before screening any children, in order to develop appropriate casefinding strategies.

The Office of Public Instruction is mandating that all children between birth and five years of age be located and screened for handicapping and potential handicapping conditions through the provision by LEAs of active developmental screening campaigns. To ensure a successful screening campaign, LEAs need to be familiar with their target population.

Determining the actual number of children who will comprise the target population for a particular screening program will be difficult. Gross estimates of the absolute number of qualifying children available in your area might be derived by examining the state population trends for this 0-5 age group or by multiplying the number of children currently in kindergarten by five with appropriate adjustments for trends in kindergarten enrollment. But both of these methods give only general indications of the actual numbers of children who may be screened.

When describing the potential target population it is important to be cognizant of the many cultural diversities that may exist in your community. These cultural differences may have a rather large impact on the screening results of individual children depending on the screening tasks they must perform. Every effort should be made to minimize the influence of cultural factors on screening results. One way to do this is to thoroughly study the screening test to be used and make the screening team aware of culturally biased items.

Step B: Determine the developmental areas to be screened

The OPI requires developmental screening programs to include tests of hearing, vision, speech/language skills, and fine/gross motor skills. But it is recommended that school districts go beyond these minimum requirements to develop a thorough and comprehensive program.

An excellent program which your school district may adopt is the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program funded through the Social and Rehabilitation Services office. EPSDT was originally designed for Medicaid-eligible children, but EPSDT standards are suitable and available for screening all children.

The EPSDT program offers you two major advantages:

1. Your school district will be reimbursed $18 for each Medicaid-eligible child that is screened.

2. Your local EPSDT contractor and/or city-county health nurse (see Appendix N) will be available to help you develop your screening program according to ESPDT guidelines.

For complete information on using the EPSDT program in your district, please contact Dale Haefer, SRS in Helena, 449-3952.

The following is a brief synopsis of the EPSDT screening program. Those items which have an asterisk* beside them are areas which must be screened in all public school developmental screening clinics. Those without an asterisk are recommended, but not mandated, by the Office of Public Instruction:

1. Height and weight measurements accurate to 1/8" and 1/4 lb. (Deviation from growth grid norms above the 95th percentile or below the 5th percentile are referred to a physician for further evaluation.)

2. Urine screening using dip sticks. Urine tested for protein, glucose, ketones, blood, and PH reaction. (Positive reactions indicating the presence of protein, glucose, ketones, and/or blood are referred to a physician for further evaluation.)

3. Hematocrit (or hemoglobin) determination. (Results above or below standard range of values for the age group of the individual are referred to a physician for further evaluation.)

4. Blood pressure measurements utilizing the traditional blood pressure cuff and sphygmomanometer. (If readings are not within the normal range, a referral to a physician is indicated.)

5.* Vision screening utilizing the Titmus Telobinocular Vision Screening Tester or any equivalent procedure capable of screening for the following: lateral and vertical phoria; color perception; visual acuity; fusion and muscle balance. Individuals with glasses must wear them for the screening procedure. (Referrals for further evaluation of a vision problem are made to an ophthalmologist or optometrist of the family's preference.)

6.* Hearing screening conducted in accordance with the Office of Public Instruction's Hearing Conservation Manual (to be published before September, 1980.)

7. Dental screening to assess the condition of the teeth and mouth as well as oral hygiene habits. (Children needing dental care are referred.)

8.* An appropriate speech and language screening procedure.

9. General physical assessment to identify those individuals who are not physically at a level with their peer group. This assessment includes a check for skeletal deformities. (Deviations from normal are referred to the local family physician and/or other appropriate health professionals.)

10.* Developmental assessment, utilizing the Denver Developmental Screening Test. This screening tool has been designed to evaluate children in four areas: personal-social; fine motor adaptive; language and gross motor.

11. Review of immunization status. (Consent slips must be signed by either parent or guardian prior to the administration of any immunization.)

At this point in time, school districts may use locally developed standards for their screening programs. For example, in screening for vision problems a school district might solicit help from a local optometrist who would use screening techniques determined by his or her professional judgment.

One excellent source of information on effective screening techniques is Developmental Assessment Services in Glendive. This group has published a detailed outline of their screening procedures. The outline is reprinted in Appendix L of this handbook for your use.

In the future, statewide screening standards will be developed for your use. The OPI is currently preparing guidelines for hearing screening which will go into effect September 1.

Step C: Identify the personnel necessary for an effective screening program

These factors will determine the personnel required for a successful screening program:

- the number of children involved
- the age-range of the children
- the developmental areas to be screened
- the specific expertise required by the screening test given

The screening can be accomplished by a team comprised of professionals, paraprofessionals and volunteers.

Professionals:

Professionals used in the screening program may be found exclusively within the school system. These persons may include special educators, early childhood specialists, regular education teachers, speech pathologists, occupational therapists, physical therapists, school psychologists, and audiologists. However, this program provides an opportunity to utilize personnel from other community agencies as well. Your Matrix of Community Resources (see Phase 1) will tell you who and what services are available.

Paraprofessionals:

Paraprofessionals may have experience with the preschool child, but you will need to conduct training sessions on the specific jobs they must do during your screening program, as well as proper administrative procedures. In addition, the training sessions could include instruction concerning developmental milestones and client confidentiality.

Attendants at day care centers, aides in public school classrooms, and high school students enrolled in child development classes are all good prospects for paraprofessional assistance.

Volunteers:

Recruitment of volunteers by the screening program is an ideal way to foster community involvement. Volunteers can provide vital services that help the screening program to run smoothly. These services might include child care during the screening, transportation to the screening, interviewing parents and, in some cases, helping with the screening procedure. Volunteers may be recruited from the PTA, community service and church organizations,or other family-oriented groups. High school home economics students and college students are also good prospects.

Special Personnel:

In some communities it may be necessary to recruit interpreters who know sign language, or who are bilingual, to assist parents and children during the screening program. It is vital that children whose native language is not English have all tests administered in their native language -- to assure that the results accurately reflect their developmental level.

A suggested list of tasks and the persons who might be responsible for each task follows:

Task	Screening Team Member
Speech/Language	Speech Pathologist
Hearing	Audiologist
Physical Development	Public Health Nurse
Vision	Public Health Nurse
Cognitive Development	Early Childhood Specialist/ Kindergarten and/or first grade teacher/Special Educator/ School Psychologist
Fine/Gross Motor Coordination	Occupational Therapist/ Physical Therapist
Pre-academics	Kindergarten and First Grade Teacher/Special Educator
Child-Care Provider	Volunteer
Host	Volunteer
Parent Interviewer	Paraprofessional/Special Educator/Volunteer
Organizer/Screening Supervisor	Child Find Coordinator

Your screening program may include all or some of these team members, or it may include additional persons not listed here.

Step D: Choose an appropriate screening test

The selection of a screening test may be made in a number of ways:

1. The Child Find Coordinator or school administrators may select the tests, or

2. A multi-disciplinary team may decide which tests are to be used, or

3. Each individual professional who is participating in the screening program may select the tests he or she will use.

Regardless of who makes the final decision, the following criteria should be used in selecting the appropriate tests:

Is It Valid?
Validity is the degree to which a test measures what it is supposed to measure. A test is validated when a high correlation exists between its results and those of another test which measures the same behavior. A test must be validated to be certain that it actually measures specific behaviors and abilities.

Is It Reliable?
Reliability refers to the degree to which a test consistently measures what it is supposed to measure. A high degree of reliability increases the confidence one may have that the scores obtained on the test could be replicated if the test were readministered to the same sample group.

Is It Norm-Referenced or Criterion-Referenced?
Norm-referenced tests yield an age equivalence or age-relative percentile score which is a description of the child's degree of deficit as compared to other children. Criterion-referenced instruments yield data on the child relative to preset criteria measuring successful performance of specified tasks. Criterion referenced tests determine if a child has achieved competency in a skill; while norm-referenced tests determine the child's level of development in comparison with other children of the same age. Selection of a test should consider which type of information will be more useful in your situation.

Does the Screening Test Cover All the Developmental Areas Specified by the Child Find Coordinator?
The Child Find Coordinator has previously identified developmental areas to be screened. These should all be included in the selected screening tests.

Does the Screening Test Measure a Variety of Skills Within a Particular Developmental Area?
The test items related to a developmental area should be analyzed in terms of the variety of skills measured. The more varied the items measuring one developmental area, the more precise and in-depth the profile of the child will be. A limited variety of items may yield a superficial developmental profile which is inaccurate.

How much time is required per child to administer the tests?
The literature that accompanies the test should indicate the length of time needed to administer it. However, a sample administration of the test may be necessary to accurately schedule the actual screening time required.

What level of expertise is required to administer the test?
The literature that accompanies the test should indicate the level of expertise necessary to accurately administer it. This information is vital in determining the type of personnel needed for your screening program.

When a test is chosen, it is critical that it be a screening device, and not a test designed for purposes of diagnosis. See Appendix O for a list of reliable developmental screening tests which you may want to consider.

Step E: Determine the failure criteria

Failure criteria refers to scores achieved on screening tests that indicate a child's developmental level falls below a minimal standard for his age group. A child who "satisfies" the failure criteria should be referred for an in-depth developmental evaluation.

The literature accompanying most standard screening tests outlines the failure criteria. These failure criteria should still be examined, however, to be sure they are valid and reliable for the local children being screened.

The failure criteria for non-standard screening tests are often determined relative to the local population for which these instruments are developed. But caution should be exercised in using any non-standard screening test. Close scrutiny should be given to each activity in the screening program, using an item-by-item analysis both before and after the screening has been accomplished. A post-screening analysis should

show which items are consistently failed by most children at a given age level, so that those items can be discarded before determining the overall performance of the children screened.

Step F: Select the site, date and time for the screening program

Site: The Child Find Coordinator (or his or her representative) should visit each potential screening site to determine its suitability in terms of (a) the date(s) and time(s) of the screening, (b) the number and type of skill areas to be screened, and (c) an estimate of the number of children to be screened. This will help in pinning down an appropriate location. (See Site Checklist in Phase 5.)

Your Matrix of Community Resources (see Appendix B) may provide information on potential screening sites. Possibilities include

- School gym or auditorium
- Community center
- Church meeting rooms

The screening site should be organized into three areas:

- Registration area for greeting parents and children, for registration procedures and completing name tags, etc.

- Parent interview and play areas for completion of the parent interview form, for sibling play with toys, puzzles and crayons, and for refreshments. Children arriving early for their screening appointment may play here while they await their screening.

- Screening stations for each kind of screening test, separated from other activities and distractions.

Date: Several factors should be considered when selecting a screening date, including:

- Weather conditions -- selection of a date when driving conditions are likely to be dangerous will reduce participation of both screening personnel and children.

- The schedules of necessary personnel, agency screening dates and other prior commitments that conflict with the screening program.

- The dates the public schools are open.

Time: Screening appointments should be available during both day and evening to accommodate the schedules of working parents. If infants will be screened, schedule appointments to accommodate feeding and nap times.

Step G: Develop a record-keeping system

To assist in further evaluations and follow-up services, the Child Find Coordinator should assure that good records are kept of all children screened or referred. Of course, all records should remain strictly confidential. This record-keeping system should include:

1. In-take Forms for each child to be screened with the following information:

    - Child's name
    - Date of birth
    - Name of parents/legal guardian
    - Address
    - Telephone number
    - Source of referral to screening program
    - Physician
    - Parental concerns about child's development, if any
    - Administrative area/school
    - Date/time of screening appointment

    See Appendix D for sample In-take Form.

2. Parental Permission Forms:
    The regulations implementing P.L. 94-142 (Section 121a.500) permit administrative units to screen children without obtaining parental permission. But obtaining parental permission for both screening and evaluations is a courtesy parents deserve, and demonstrates that their rights and feelings will be respected.

    See Appendix E for sample Parental Permission Form.

3. Report of Screening Results should include:

    - The date and time of the screening
    - List of developmental areas screened
    - Name of tests utilized to screen each developmental area
    - Name of the person administering each test

- Indication whether a child "passed" the screen or fell within the failure criteria. A summary for each child failing the screening should include the actual results of the tests and comments concerning the child's test situation behavior
- Recommended follow-up procedures

See Appendix F for sample Report of Screening Results.

4. Follow-up Log: The follow-up log will assist the Child Find Coordinator in determining the extent to which parents follow the screening recommendations. Follow-up data should be collected on all children who fall within the failure criteria, or who are considered "high risk" children (For definition of "high risk" children, see Phase 6.) Information in the follow-up log should include:

   - Date of entry to the log
   - Date of birth
   - Full name of child
   - Full names of parents
   - Address and telephone of the child
   - Date and place of screening
   - Date, place and type of the most recent evaluation conducted
   - Recommended follow-up services
   - Current intervention services
   - Beginning date of intervention services
   - Date of reevaluation

   See Appendix G for Sample Follow-up Log.

Step H: Miscellaneous considerations

These considerations may appear to be incidental, but can materially enhance your screening program:

- Will child care facilities be available for siblings?
- Will transportation be available and who will provide it?
- Will refreshments be served?
- Will additional literature be available to parents at the screening? This literature might include:

(i) "Help a Child Grow" booklets, available free from the Office of Public Instruction. (See Appendix J for an order form)
(ii) State law and regulations relating to special children
(iii) Literature on child development and child rearing
(iv) Literature on preschool programs available in the community
(v) General community resources -- social, medical and legal
(vi) Teach your child to talk, a book written for parents explaining normal child development and suggesting activities to enhance a child's growth.

Step I: Write a narrative about your Child Find program

With each application for EHA-Part B entitlement funds, school districts are required to annually submit a detailed narrative outlining their local Child Find efforts. In describing preschool Child Find, the narrative should include at least the following:

1. date of screening
2. place of screening
3. outline of media campaign
4. areas to be screened
5. procedures used to screen (can include screening tests used)
6. professionals involved in the screening

See Appendix P for a sample narrative.

Preschool Developmental Screening
Phase 3 - Locating Preschool Children

Strategy A: Agency referrals

Strategy B: Media campaign

Strategy C: School records

Strategy D: Community survey

The success of a preschool developmental screening program depends not only on the quality of the actual screening performed, but on the actual numbers of preschool children screened.

Your Child Find program should attempt to screen as many preschool children as possible in order to assure the school districts within its geographical area that all children with developmental disabilities and delays will be identified and receive special services prior to beginning kindergarten. (The educational and economic advantages of providing necessary developmental services for preschool children will be discussed further in Phase 7.)

Casefindings is a global term encompassing the various strategies for identifying all preschool children in a geographical area served by a particular Child Find program. It is the vital step in a screening program whereby individual children are referred to the Child Find Coordinator, or parents contact the Child Find Coordinator, to arrange a screening appointment. Ideally, casefinding should identify all preschool children living in the geographical area served by the screening program.

The casefinding startegies utilized in your Child Find campaign must at least include: (i) encouraging agency referrals and (ii) developing a public awareness campaign (see Phase 4 for further discussion). Other optional strategies include: (iii) obtaining names of preschool children from school records of older siblings (if permitted by school district rules and/or with parental permission), and, (iv) surveying the community by telephone or personal interview. One strategy alone is unlikely to assure that all preschool children have been located or that their families are aware of the screening program.

A major consideration in utilizing any of these casefinding strategies is the necessity to respect the confidentiality of the records kept by various agencies and the parents' right to have information they provide community agencies held in the strictest confidence. The Child Find Coordinator should be aware of potential confidentiality problems in receiving referrals from local agencies and from school records. In addition, Child Find program records should also be kept confidential.

Strategy A: Agency Referrals

Children may be referred to your preschool screening program from local community service agencies such as the county welfare department, the Youth Court, Head Start, pediatric clinics and general practitioners. These referrals may be encouraged by the Child Find Coordinator as part of the inital contact between the Child Find program and various community agencies (see Phase 1 -- Developing Community Cooperation). It is important to note, however, that this source of identification of preschool children may be limited by regulations protecting the confidentiality of records kept by various agencies.

Referrals from these agencies are advantageous because high-risk children may have come to their attention already and inclusion of these children in the preschool screening program is important in assuring delivery of coordinated intervention services. The Child Find Coordinator may develop creative casefinding procedures utilizing existing community agencies. For example, the preschool screening program conducted by the Communication Science and Disorders Department, University of Montana, capitilizes on the interaction between local child care providers and the local Child Care Coordinating Council (4-Cs), encouraging child care providers to refer children for screening.

Strategy B: Media campaign

A second casefinding method is to mount a coordinated media campaign to inform the public of the existence and importance of a preschool screening program. These announcements should provide the name and telephone number of the Child Find Coordinator and other contact persons/agencies in the communities to be served and the time, location and purpose of the screening program. This information may be disseminated by television, radio, newspapers, flyers on bulletin boards in public places (e.g., in laundromats, supermarkets and post offices), and announcements before church groups and community organizations.

This strategy is discussed in detail in Phase 4 -- Public Awareness Campaign.

Strategy C: School Records

School records may contain a list of names of younger siblings of each school child. Review of these records may disclose as many as 40% of the children eligible for preschool screening (Zehrbac 1975). The confidential nature of school records must be considered, and the Child Find Coordinator must be assured that access to these records is authorized by school district regulations and/or parental permission.

Announcements to parents may be sent home with school children in order to enlist parental support in bringing preschool children to the screening program. If school records are not open for examination by the Child Find Coordinator, announcements could be sent home generally with all school children in a district. Efforts to commuicate to public school teachers the goals and importance of the screening program may increase their cooperation in seeing that these announcements are received by parents.

Strategy D: Community Survey

A community survey focuses on (a) locating all preschool children living in the region, (b) urging attendance of all children located, and (c) arranging for appointments at the screening program for these children. A carefully organized and implemented community survey may locate up to 95% of all eligible children and, therefore, is a highly recommended approach. (Zehrbach, 1975).

Community surveys may be conducted in three ways:

1. Personal door-to-door contacts. Personal communication through a door-to-door campaign is more effective in locating the target population than general advertisements concerning the preschool screening program (Kurtz et al. 1977). It may, perhaps, also be more effective in persuading parents to make appointments for their children at the screening program. The cost-effectiveness of this program depends on the geographical region which must be surveyed and may present severe limitations unless sufficient volunteers are retained to assure that the entire region is canvassed systematically.

2. Direct mailings. A mass mailing to all people in a given community is another possible approach to advertising the availability of Child Find clinics and learning the number of children living within the district boundaries. This method also takes considerable time and personnel.

3. Telephone contacts. Telephone surveys are less time consuming, and can cover an entire region in less time, and at less cost, than door-to-door contacts.

Preschool Developmental Screening
Phase 4 - Planning a Public Awareness Campaign

Step A: Determine objectives for the Public Awareness Campaign

Step B: Obtain demographic statistics

Step C: Identify the available media

Step D: Develop a theme, and materials for the media

1. Posters/fliers
2. Brochures
3. Newspapers
4. Television/radio public service announcements
5. Public speaking

The eventual success of a preschool screening program depends to a great extent on the level of public awareness of both its existence and importance.

An effective public awareness campaign depends upon the planning, organization, and distribution of information about the goals and procedures of the Child Find screening program. It should inform the public and parents about the importance of early identification of children with developmental disabilities and delays, and inform them of developmental milestones for preschool children.

Interagency cooperation developed in Phase 1 may enhance the effectiveness of this public awareness campaign. For example, the Child Find Coordinator may utilize communication channels established by cooperating agencies to disseminate information concerning the Child Find screening program.

The goals of the public awareness campaign are:

1. Inform the public of the existence of the coordinated screening program;

2. Inform the public of the name of the Child Find Coordinator or community contact person;

3. Inform the public and parents of developmental milestones for preschool children;

4. Inform the public and parents of the critical importance of early identification of and help for of developmentally disabled and delayed children;

5. Encourage cooperation among agencies and individuals providing services for preschool children.

Step A: Determine Objectives of the Public Awareness Campaign

Obviously, the first objective is to alert the public to the impending preschool screening program in the community. Beyond this, however, the public awareness campaign may be focused to achieve more narrow objectives, including:

1. Informing the public of the importance of early identification of developmental disabilities and delays;

2. Encouraging volunteers to participate in the screening program;

3. Encouraging interagency cooperation;

4. Encouraging continual community efforts to screen preschool children;

5. Describing the developmental screening.

These objectives are not exhaustive -- each Child Find Program must adjust its public awareness campaign to achieve objectives unique to its circumstances and goals.

Once the public awareness campaign's objectives have been clarified, it will be useful to develop a general information sheet to be used for various media events. The information contained on this sheet may be adapted for fliers and posters, or may be given to a radio station as the basis for a public service announcement. It guarantees that regardless of which medium is employed, the information transmitted to the public will be accurate and consistent.

The information sheet for the preschool screening program should include:

1. A definition of the Child Find program and a description of the service area included in the screening program;

2. The name of the communities served and the radius of the service area included in the screening program;

3. The location of the actual screening program;

4. The times and dates of the screening program;

5. The rationale for the preschool screening and early identification and intervention, in general;

6. A definition of the target population -- i.e., all preschool children;

7. The name and telephone number of the Child Find Coordinator or local contact person.

Step B: Obtain demographic statistics

The importance of a public awareness campaign in the eventual success or failure of the screening program is related to its ability to communicate clearly to the local community. Demographic statistics will indicate significant characteristics of a community which may influence the effectiveness of a public awareness campaign. These demographic variables should be considered to assure that the materials and media utilized are appropriate to the circumstances. Some demographic characteristics which might be considered are: (i) population by age and sex -- i.e., numbers of preschool children; (ii) educational levels; (iii) per capita income; (iv) employment status; (v) economic categories as indicating urban or rural community; and (vi) population by race.

Demographic statistics are available from either local county and city planning boards or county profiles. Information from county and city planning boards varies and it is necessary to contact the local board to ascertain what is available in your community.

A county profile is available from the Research and Information Systems Division, Department of Community Affairs at $1.50 per profile. (See Appendix H for order form, and County Profile table of contents.)

County profiles are sub-divided into eleven major areas; (i) population; (ii) vital statistics and health; (iii) education; (iv) housing; (v) employment; (vi) income; (vii) governmental finances; (viii) social insurance and welfare; (ix) agriculture; (x) business enterprise; and (xi) trade and services. These statistics are derived from the 1970 Census; county profile updates based on the 1980 Census should be available by mid-1981.

Demographic statistics for the sub-county level varies by county. Additional information on any county is available by calling the Research and Information Systems Division at (406) 449-2896.

Graphic profiles, a collection of computer-generated maps with comparison data on thirty or more kinds of information, are available from the Research and Information Systems Division for $3.00 per copy. See Appendix I for a listing of variables contained in the graphic profiles, an order form, and a list of additional publications available from the Research and Information Systems Division.

Step C: Identify the available media

Once objectives for the public awareness campaign have been clarified, the Child Find Coordinator should survey all media reaching the communities to be served by the screening. The available media and the community characteristics (as indicated by the county profile) determine the most effective means to communicate the goals of the Child Find Program. For example, a campaign which only places posters in post offices and local businesses may inform a majority of the community in rural areas of the screening program. In urban areas, however, it may be necessary to use several media to reach a high percentage of the community.

The public awareness campaign might include any or all of the following: (i) television; (ii) radio; (iii) newspapers; (iv) club and church publications; (v) school announcements to parents; (vi) local shopping guides; and (vii) word of mouth!

Step D: Develop a theme, and materials for the media

1. A logo provides an effective unifying theme for your local Child Find program and public awareness campaign. The Office of Public Instruction encourages school districts to use the "Help a Child Grow" logo. This logo is not copyrighted and its use will tie together your local program and the state Child Find program.

Help a child grow.

Reproduction slicks of the "Help a child grow" logo, in several sizes, are included at the end of this section. Simply cut one out and take it to your printer when you want to reproduce it in a brochure or flier. These slicks can also be used for reproducing the logo in your local newspaper. Your printer or newspaper can enlarge or reduce their size to fit your needs.

Your local printer or graphic design shop can assist you in developing the graphics for your public awareness campaign. You could also enlist the help of a high school art class.

2. Posters and fliers are one of the most effective forms of communication in a public awareness campaign. When designing a poster, remember:

Be Brief: Include the essential facts and avoid loading the poster with too many details.

Use Color: Brighter colors attract the eye more quickly than pastel shades. (While using several colors is eye-catching, it increases printing costs.)

Use a Logo: Continuous use of a logo alerts the reader that this poster/flier pertains to the Child Find program.

Print enough Posters/Fliers: When estimating the number of posters/fliers to print, remember you may need more as the public awareness campaign creates new demand.

A poster or flier should include the following information:

a. Event: describe the screening program.
b. Date: when the screening will take place.
c. Time
d. Target population: describe who is to be screened.
e. Contact Person: who to call for additional information
f or for appointments.
g. Location: where will the screening be held and directions.

To disseminate posters:

a. Recruit volunteers to assist in dissemination.
b. Select locations for posters where a high volume of people will read the poster. These include:
   - post offices
   - courthouse
   - restaurants
   - public library
   - grocery stores
   - child care centers
   - welfare department
   - barbershops and beauty salons
   - drugstores and other small businesses
   - laundromats
c. Obtain permission from the management/owner of any location where you wish to hang a poster. Hang it yourself; don't depend on the owner to do it.

To disseminate fliers:

a. Recruit volunteers to assist in dissemination
b. Decide where to disseminate fliers. For example:
   - door to door
   - stuff in monthly bank statements
   - stuff in grocery bags

- send home with elementary school children
- mail
- make available at schools and child care centers (e.g., Headstart)
- provide for local 4-C's office to distribute through child care and day care homes
- stuff public utility bills

3. Brochures may provide more detailed information about various topics, such as Special Education in Montana, developmental milestones for preschool children, and the rationale of the Child Find program.

   The Office of Public Instruction offers several free brochures about child development and Special Education practices. They include:

   . "How They Grow: A child-development checklist for parents."

   . "Special Education helps kids learn better."

   . Parents' Guide 1 -- The Education of Handicapped Children

   . Parents' Guide 2 -- The Evaluation and Child Study Team

   . Parents' Guide 3 -- Your Child's Individualized Education Program

   . Parents' Guide 4 -- Your Rights as the Parent of a Handicapped Child

   See Appendix J for an order form.

4. Newspaper articles and advertisements are effective ways to inform the community of the existence of the screening program and to educate the public about the importance of early identification of developmental disabilities and delays.

   To have news stories appear in the paper, it is necessary to:

   a. contact the education writer or editor of the paper;
   b. inform the writer or editor of the purpose of the news release;
   c. determine specific information and format for the article;
   d. ascertain the deadline which must be met so that the article appears at the proper time in the public awareness campaign;
   e. type the story and include your logo;
   f. submit the story well in advance of the deadline;
   g. call the newspaper to assure that the copy was received and that it will be printed in advance of the screening program.

In order to assist parents learning of the Child Find Program through an article on the actual screening, encourage the reporter to include the name and telephone number of the Child Find Coordinator or local contact person. The newspaper should also be encouraged to send a reporter to the screening program.

Finally, do not ignore local shopping guides and weekly newspapers as part of your public awareness campaign.

See the next page for an example of a news release describing a screening program.

SAMPLE News Release
School name: _____
School address: _____
Contact: _____

News Release ---- Free Preschool Screening Program

A FREE preschool screening program will be held at the (elementary) school for all children birth through five years of age. This FREE developmental screening program will be held at the (elementary) school building at _____ a.m. on _____.

Parents should contact (Child Find Coordinator/local contact person) at _____ as soon as possible to make appointments and for further information.

This is a new program in the area and all parents of preschool children are urged to take this opportunity for a developmental screening of their children. The purpose of the program is to identify each child's developmental progress and individual needs in order to pinpoint potential learning problems and help prepare each child for a more rewarding school experience.

5. Television and radio public service announcements supplement other media in a public awareness campaign. In many urban areas, a mixed media approach may be necessary in order to reach the entire community effectively. The Child Find Coordinator should describe to a station representative the target population of the screening program so that the public service announcements may be aired during appropriate programs and times of day.

   In order to have a public service announcement aired:

   a. contact the television and radio stations' public service representative or news editor;
   b. determine the length of the public service time spot available and the procedure to submit an announcement;
   c. prepare an announcement fitting the available time requirements and submit it to the station.

   When writing the announcement:

   a. be concise;
   b. develop a slogan and use it whenever possible;
   c. inform the listener about the screening program - who, what, when, where, and why;
   d. include the Child Find Coordinator's name and telephone number.

   A pre-recorded 60-second radio tape containing a message about Child Find is available to you from the Office of Public Instruction. The tape provides 40 seconds of general information, and room for a 20-second message giving particulars about your local screening program. The local message would be voiced by your radio station announcer.

   To order the pre-recorded message, see Appendix J. See also samples of shorter radio messages on the next page.

SAMPLE radio announcements

Public Service Announcement

30 seconds

Help a Child Grow. The _____ school district will be conducting a screening program for all children birth through five years of age. The major purpose of the screening prgram is to identify children with potential learning problems that might affect their performance in school. The screening will take place at the _____ Community Center/School on _____ and _____, _____ 1980, from 8:00 a.m. to 4:00 p.m.

For further information or to make appointments, call _____ at ___ _____. That telephone number is _____.

20 seconds

Help a Child Grow. The _____ school district will be conducting a screening program for all children birth through five years of age. The screening will take place at the _____ on _____ and _____, _____, 1980.

For further information or appointments, call _____ at _____.

10 seconds

Help a Child Grow. Don't forget the preschool screening program at the _ _____ on _____ and _____, _____, 1980.

6. Public speaking is an effective way to communicate the importance of the Child Find program to members of the community. It is an ideal way to communicate with service groups in the community who may have members willing to volunteer their assistance in the screening program.

   It is important to be prepared -- the more informed the speaker concerning the goals of the Child Find program and current plans, the more persuasive she/he will be in communicating with the audience.

   Tips for public speaking:

   - Be brief. A 15-20 minute talk is long enough. Leave time for questions.
   - Be prepared. Know your subject and your audience. Anticipate likely questions. Special Education teachers will have different questions from the Jaycees. Be sure that your discussion is consistent with the Local Education Agency (LEA) policy.
   - Begin with a strong statement. Expand important points and develop each idea. Finish with a strong statement.
   - Speak up. Do not mumble or speak in a monotone.
   - Be sure the entire audience can hear you -- even the back row.
   - Use visual aids if possible, and be sure to check your equipment prior to the speech.
   - Avoid reading a speech. Establish eye contact with the audience.
   - Practice your speech before giving it to a group.
   - Speak with confidence. After all, you're the expert. (Aren't you?)

Help a child grow.

Help a child grow.

Help a child grow.

Help a child grow.

Help a child grow.

Help a child grow.

Help a child grow.

Help a child grow.

Help a child grow.

Preschool Developmental Screening
Phase 5 - Reviewing Screening Checklists

Phase 5 includes several checklists to assist the Child Find Coordinator in over-all organization of a coordinated screening program. Checklists are provided for the following:

Developing Community Cooperation (Phase 1)

Planning a Screening Program (Phase 2)

Locating Preschool Children (Phase 3)

Developing a Public Awareness Campaign (Phase 4)

Implementing Follow-Up Procedures (Phase 6)

Screening Site Checklist (to help you decide if a particular site is suitable)

SCREENING CHECKLIST

Developing Community Coordination

EVENT DESCRIPTION	PERSON RESPONSIBLE	ESTIMATED TASK COMPLETION TIME	DUE DATE	DATE COMPLETED
Develop a Community Resource Survey (Appendix A)				
Develop a Matrix of Community Resources (Appendix B)				
Develop A Comprehensive List of Agencies and Individuals Providing Services for Pre-School Children				
Plot Information From Survey on Matrix of Community Resources				
Develop Agreements Between the Child Find Program and Agencies and Individuals Participating in the Screening Program	(To be completed during Phase 2)			

SCREENING CHECKLIST

Planning a Screening Program

EVENT DESCRIPTION	PERSON RESPONSIBLE	ESTIMATED TASK COMPLETION TIME	DUE DATE	DATE COMPLETED
Determine Development Areas To Be Screened: __ Speech & Language __ Cognition __ Fine & Gross Motor __ Social & Self-Help __ Pre-academic Skills __ Hearing __ Vision __ Dental __ Physical Development __ Others				
Select Screening Instrument(s)				
Select Personnel: __ Speech Pathologist __ Audiologist __ Nurse __ Transporter __ Parent Interviewer __ Host __ Child Development Specialist __ Vision Screener				
Determine the Failure Criteria				
Select Site				
Schedule Date & Time(s)				

SCREENING CHECKLIST

Planning a Screening Program (continued)

EVENT DESCRIPTION	PERSON RESPONSIBLE	ESTIMATED TASK COMPLETION TIME	DUE DATE	DATE COMPLETED
Develop a Record Keeping System: __ Parental Permission Slips __ Summary of Screening __ Follow-up Log __ Forms				
Arrange Child Care Facilities				
Arrange for Transportation				
Select Parent Literature				
Arrange for Refreshments				
Finalize Agreements for: __ Personnel __ Site				
Generate a List of Community Resources				

SCREENING CHECKLIST

Locating Preschool Children

EVENT DESCRIPTION	PERSON RESPONSIBLE	ESTIMATED TASK COMPLETION TIME	DUE DATE	DATE COMPLETED
Develop Casefinding Procedures Agency Referral				
Media Campaign (see Phase 4)				
School Records				
Community Survey				
School Referral				
Other Referral				

SCREENING CHECKLIST

Developing a Public Awareness Campaign

EVENT DESCRIPTION	PERSON RESPONSIBLE	ESTIMATED TASK COMPLETION TIME	DUE DATE	DATE COMPLETED
Determine Objective(s) for the Public Awareness Campaign				
Obtain and Review Demographic Information				
List Media Available in Your Community				
Develop a Theme				
Develop a Fact Sheet				
Select strategies to be used in the Public Awareness Campaign: __ Newspapers __ Posters __ Fliers __ Brochures __ TV __ Radio __ Public Speaking __ Other				
Announcements written for: __ Newspaper __ Radio __ TV				
Publications designed, printed and disseminated __ Posters __ Fliers __ Brochures __ Other				

SCREENING CHECKLIST

Implementing Follow-Up Procedures

EVENT DESCRIPTION	PERSON RESPONSIBLE	ESTIMATED TASK COMPLETION TIME	DUE DATE	DATE COMPLETED
Follow-up Procedures for Children with Satisfactory Screening Results: __ Schedule follow-up parent conference, or __ Mail notices of satisfactory results to parents				
Follow-up Procedures for Children with Unsatisfactory Screening Results: __ Schedule follow-up parent conference, and __ Finalize referral procedues with appropriate agencies, and __ Develop procedures for school evaluation				
Follow-up Procedures for Children with Questionable Screening Results or Considered High Risk: __ Schedule follow-up parent conference, and __ Develop a follow-up log for high-risk children, and __ Develop rescreening procedures for children with questionable results				

SCREENING SITE CHECKLIST

SITE:
ADDRESS:
DATE VISIT:
CONTACT PERSON:
TELEPHONE:

1. Number of rooms available for use _____
2. Approximate size and shape of room(s) _____
3. Are tables and chairs available? (both adult and child-size) _____

   Contact Person: _____
4. Are dividers available? _____ Contact Person: _____
5. Are supplies available for refreshments? _____

   Contact Person: _____
6. Who will open and close site? _____

   Telephone _____
7. Is there an area which will be sufficient for child care? _____
8. Is a telephone available for on-site calls? _____
9. General pros and cons of site _____

_____

_____

(see Phase 2, Objective F for discussion.)

Preschool Developmental Screening
Phase 6 - Implementing Follow-Up Procedures

GOAL: DEVELOP AND IMPLEMENT FOLLOW-UP PROCEDURES

FOR ALL PRESCHOOL CHILDREN SCREENED

Procedure A: Children with satisfactory screening results

Procedure B: Children with unsatisfactory screening results

Procedure C: Children with questionable screening results, or who are considered "high risk"

At the completion of the screening program, all personnel who administered screening tests, and the Child Find Coordinator, should meet and share the results for each child.

Evaluation procedures should be established to rate each child screened on the "failure criteria" already selected. (See Phase 2, Step E for further discussion of failure criteria.) The children will fall into three categories: (i) satisfactory results; (ii) unsatisfactory results; and (iii) questionable results or considered "high risk." Distinct follow-up procedures must be established for each category.

It should be emphasized that a child failing any aspect of the screening program should be considered for evaluation. This consideration should be by the entire screening team which had contact with that particular child. The team then decides what evaluation procedures (if any) are indicated and how those procedures will be carried out.

Procedure A: Children with satisfactory screening results

The Child Find Coordinator may inform parents of their child's satisfactory results in the screening by either (i) postcard or letter or (ii) personal conference.

A postcard or letter informing parents of satisfactory results on the screening tests and over-all assessment is less expensive, but this economic benefit is counter-balanced by the lack of information a letter conveys to the parents. (See Appendix Q for a sample letter.) It is possible, of course, to send parents a more detailed checklist which provides information concerning the child's skills in relation to developmental milestones. The more detailed a checklist is, however, the more staff time necessary to accurately prepare each response to parents.

A personal conference with the parents is obviously a more time-consuming procedure. But the positive feelings toward the screening program it creates in parents may justify the added time and cost. This conference could cover: (i) the purpose of the screening program -- i.e., it is not treatment per se; (ii) details of the screening results; and (iii) a child's strong developmental areas and how home activities can develop those strengths.

Records should be kept on children with satisfactory results for comparison with possible future results with the same children.

Procedure B: Children with unsatisfactory screening results

The Child Find Coordinator has two options for following up on children who have unsatisfactory results. He/she may (i) refer the child to an appropriate agency for further evaluation or (ii) conduct an in-school-district evaluation. If both options exist, each should be discussed thoroughly with the parents at a follow-up conference.

The Child Find Coordinator should make an appointment by phone or letter for a follow-up conference with the parents to review the results of the screening. (A sample letter can be found in Appendix Q.) It is important to stress to parents that no conclusions should be drawn concerning their child's developmental level prior to a full evaluation. The limited scope and nature of a "screening" program must be emphasized to prevent a premature conclusion. The child's over-all performance -- strengths and weaknesses -- should be discussed.

Parental permission for additional evaluations, interviews with the child, or formal testing must be obtained in writing by the local education agency prior to any further activities with a child. (Montana Special Education Rules and Regulations 10.16.902; see Appendix M for a sample parental consent form.)

Interagency cooperation first developed in Phase 1 may be especially useful in referring children to other agencies for in-depth evaluations. (See Appendix B for matrix of community resources for appropriate agencies.) When a referral for in-depth evaluations is made, the following information should be communicated to that agency:

(i) Summary of the screening results
(ii) Comments about the child's behavior from persons who administered the screening test;
(iii) A copy of the parent inverview form;
(iv) Other descriptions of the child's behavior from other professionals working with the child;
(v) Confidentiality Requirement: copy of parental permission in writing.

The child may be evaluated by the school district rather than being referred to another agency. The Child Study Team should determine which specific procedures and tests to utilize in this in-depth evaluation. Additional specialized personnel may be retained by the school district if necessary. (See Appendix B for matrix of community resources for specialized personnel.)

A follow-up log should be kept for all children who have unsatisfactory screening results. It should note what referrals were made, recommendations and outcomes (if known). This log begins to track children tested to determine what effect, if any, intervention services resulting from early identification have on their future school performance.

Procedure C: Children with questionable screening results or who are considered "high risk"

A third category of children will neither clearly "pass" the screening nor "fail" the screening. These questionable results may be attributable to many causes -- illness on the screening date resulting in an unreliable screening result, or actual developmental delays. These children should be rescreened or kept track of through the follow-up log for future re-evaluation. Parents should be informed of their child's performance and contacted when follow-up procedures are scheduled.

Other children may "pass" the screening but due to a host of reasons are considered "high-risk" children. Among the reasons for considering a child "high-risk" are: (i) poor nutrition, (ii) chronic ear infections, and (iii) pre-, peri- and post-natal conditions and prematurity. The creation of a high-risk registry to keep track of these children will help provide them with necessary services in the future.

Children identified as "high-risk" or who have questionable screening results should have these follow-up procedures:

(i) A parent conference to explain the purpose and limited scope of the screening; overall strengths and weaknesses of the child; and the necessity for further evaluations. Parental consent for referral or evaluation should also be obtained.

(ii) Entry of information about the child in a follow-up log in order to maintain contact with the child and parents;

(iii) Later, alert the child's kindergarten and first grade school teachers to the possibility that special services may be appropriate.

Preschool Developmental Screening
Phase 7 - Service Delivery Systems

GOAL: SELECTION OF AN APPROPRIATE MODEL FOR THE DELIVERY OF SPECIAL EDUCATION SERVICES TO PRESCHOOL CHILDREN.

Model A: Home-based services

Model B: Center-based services

Model C: Combination of home-based and center-based services

The logical outcome of the follow-up procedures in Phase 6 is to provide Special Education services to all preschool children identified as either: Needing special help to overcome developmental disabilities or delays, or "high-risk" children who may exhibit developmental disabilities or delays in the future.

Intervention services for these two categories of preschool children will (i) decrease the probability that current disabilities or delays will become permanent characteristics of their developmental repertoire and (ii) increase the probability of their success in kindergarten and elementary school settings. Progress towards accomplishing these outcomes through special education services will obviously directly benefit each child individually; but it will also contribute to decreased educational expenses for these children in the future. Special education services for preschool children, then, are both educationally the "right thing to do" and cost-effective for a school district.

There are four major models for providing individualized education programs to preschool children who are developmentally disabled or delayed: (i) home-based, (ii) center-based, (iii) combined home-based and center-based, and (iv) home-based followed by center-based. Each of these models is described in the following pages without being endorsed, because current research does not indicate the absolute superiority of any one in ameliorating preschool disabilities and delays (For further discussion see Karnes & Teska 1975).

Local education agencies intending to devleop special education services for preschool children should select an appropriate model. The model selected will depend on: (i) geographical characteristics of the region served -- the distances between population centers, population density, natural barriers to travel, (ii) the nature of the disabilities and delays characterizing the children to be served -- the necessity of special equipment, transportation requirements, the number of children and range of disabilities; and (iii) the theoretical orientation of the special education program.

Consulting services to help you provide special education to school children are available from the Office of Public Instruction, Helena Montana (phone 449-5660). Local education agencies currently not providing preschool services should make referrals to other community agencies capable of providing the necessary services.

Model A: Home-Based Services

Special Education services following a home-based model occur exclusively in the child's home. Parents are considered the primary (change?) agents working with their child to overcome disabilities and delays. Professionals and paraprofessionals prepare programs to be implemented by the parents, and they work directly with the parents and child as tutors and teachers in the home. Home-based programs particularly lend themselves to sparsely-populated areas and to clusters of small towns because they reduce transportation problems and expenses for parents. A home-based program is especially effective when parents are initally reluctant to send their preschool child to a school setting and prefer the privacy and security of their home.

Current research indicates that developmental progress made in a home setting will likely continue after the program has been completed. Bronfenbrenner analyzed several experimental home-based intervention programs and discovered that initial gains in IQ were maintained three years after termination of the program (Bronfenbrenner 1973). The significance of these findings for school districts is clear -- early intervention with developmentally disabled or delayed children may significantly reduce the special services which must be provided to these children in their early years of public education. Again -- it is not only the "right thing to do" but early intervention with these "high risk" children is cost-effective over the course of their educational careers.

The Portage Project in southern Wisconsin is a pioneer example of the home-based model of special education services for preschool children. This model serves children 0-6 years of age in rural areas; approximately 50% of the children served are characterized as mentally retarded, 25% as speech and hearing disordered, and 25% as physically handicapped. All children enrolled in this program must exhibit developmental delay of at least one year. The major goal is to teach parents in a home-setting the principles and application of behavior modification in order to assist their child in ameliorating various developmental disabilities and delays.

The home teachers design an individualized instruction program based on the Portage Guide to Early Education Curriculum. (This Guide is available through the Office of Public Instruction, Helena.) This curriculum includes self-help skills, cognition, socialization, language skills and motor skills. Typically, the home teacher will meet with the family and explain specific teaching methods and programs to use with their preschool child. The parents are observed working with the child in order to assure that desired behaviors of the child are being appropriately reinforced. The home teacher and parents take baseline data each week on the child's development in order to moniter the effectiveness of the program.

In addition to this major emphasis on an instructional program, the project staff also coordinates special services provided to the child and the family by other community resources. Critical services may be provided by physicians, county health nurses, various welfare agencies, universities and colleges, and parent organizations.

Notably, the Portage Project is not characterized by a large number of hours spent with the child by the home teacher. In fact, home teachers spend only an average of an hour-and-a-half in a week working directly with a child. The program emphasizes, however, that a parent spend at least fifteen minutes a day working directly with the child on the home programs designed by the home teacher, in addition to the usual on-going interaction between parent and child.

HOME BASED PROJECTS

1. Macomb 0-3 Regional Project: A Rural Child/Parent Service

   Contact Person: Patricia L. Hutinger

   Address: 27 Horrabin Hall
   Western Illinois University
   Macomb, Illinois 61455
   (309) 298-1634

   Description: The Macomb 0-3 Regional Project provides a home-based remediation/education service to handicapped children from birth to 3 years of age and their families. It is a rural infant service model. The following components are provided: home visits, sharing centers (which incorporate child activities and parent study topics), and water activities. Parents are involved in all activities. The model project has demonstrated significant child gains based on core curriculum activities.

2. Project Run/Outreach

   Contact Person: Genora S. Holloway

   Address: P.O. Box 967
   Oxford, Mississippi
   38655
   (601) 234-1476

   Description: The program offers a diagnostic/therapeutic treatment program for residential and community children from birth to 8 years who are diagnosed as severely/profoundly multiply handicapped. The model utilizes the Project RUN Early Education Assessment/Curriculum for planning and implementing each child's program in the areas of auditory discrimination, visual/fine motor, communication, and gross motor. The children are taught on

an individual basis using behavior modification principles. The program also offers a parent involvement and training component.

3. Clinch-Powell Educational Cooperative-Outreach Project

Contact Person: Vicki S. Dean

Address: Box 279
Tazewell, Tennessee 37879
(615) 626-4677

Description: The Clinch-Powell Educational Cooperative has developed a model home-based program to serve preschool handicapped children and their parents. The steps in the model are: (1) assessment and individualized curriculum planning, (2) weekly home visits by trained paraprofessionals, and (3) mainstreaming into regular classroom sessions.

4. Developmental Education Birth Through Two (DEBT) -- Outreach

Contact Person: Gloria Galey

Address: 1628 19th Street
Central Office Annex
Lubbock, Texas 79401
(806) 747-3838

Description: The home-based preventive special education program serves handicapped children ages birth through 2 years. Quarterly child progress evaluations include informal observations, DDST (for screening purposes), REEL, Bayley, Vineland, and other appropriate instruments.

5. Project Ski*Hi Outreach

Contact Person: Thomas C. Clark

Address: Dept. of Communicative
Disorders, UMC 10
Utah State University
Logan, Utah 84322
(801) 750-1369

Description: The administration component includes child identification and processing and program management. Direct services are provided to hearing-impaired children ages birth to 6 and their families, including home visits, curriculum teaching, hearing aid management, and auditory communicative and language skills. Support services include audiological, psychological, and materials support.

6. Child Development Resources Outreach Project (CDR)

Contact Person: Corrine W. Garland

Address: P.O. Box 299
Lightfoot, Virginia 23090
(804) 565-0303

Description: The project offers interdisciplinary programs for handicapped and developmentally disabled infants (birth to 2) using the parent as the primary teacher. Children are assessed quarterly. Case managers are chosen from among an educational team. Weekly home visits are conducted to help parents teach the child skills included in the IEP, which is the basis for each child's program. Weekly parent group meetings provide information about child development, child management, and advocacy. Developmental day care is provided for handicapped children and their siblings during parent meetings.

7. Portage Project

Contact Person: David E. Shearer

Address: 412 East Slifer Street
P.O. Box 564
Portage, Wisconsin 53901
(608) 742-5342

Description: The Portage Project is a structured, data-based, individualized program which utilizes the parent as a primary teacher to meet the developmental and educational needs of handicapped preschool children. Individualized instructional programming takes place on a daily basis in the home, with a system of accountability and documentation designed to ensure successful implementation.

Model B: Center-Based Services

Special education services following a center-based model occur entirely in a classroom setting. A variety of special services are provided by professionals working directly with the child. The parents are trained in the classroom to eventually implement in the home specially designed programs for their child. These programs are most suitable for older toddler and preschool children; this is especially

true when the children will benefit from special equipment and personnel most economically available in a centralized program. An obvious advantage of the center-based program is its capability to serve many children simultaneously and to provide special expertise within tolerable costs for travel time and personnel. Research indicates the IQ gains occuring in center-based programs for preschool children may range from six points to 16 points. (Karnes & Teska 1975).

The Model Preschool Center for Handicapped Children at the Experimental Education Unit, University of Washington, is a comprehensive example of the center-based program approach. This program serves approximately 200 children between birth and six years who are characterized by a wide varity of disabilities. The program seeks (i) ssist each child in approximating normal patterns of development in motor, cognition, communication, social and self-help skills, (ii) to return the children to appropriate placements within their home community as soon as possible, (iii) to provide large group experiences, small group activities, and individualized instruction based upon continual assessment and performance data. The parent training component of this model assists the parents in maintaining continuity of the program in the home.

CENTER BASED PROJECTS

1. Project First Chance Interactive Outreach Model

   Contact Person: Jeanne McCarthy

   Address: Dept. of Special Education
   College of Education
   University of Arizona
   Tucson, Arizona 85721
   (602) 626-3248

   Description: Project First Chance has developed a curriculum which combines cognitive, developmental, and behavioral philosophies. The emphasis on language and preacademics reflects a cognitive approach. The instructional methodology reflects the behavioral approach. All components of the model are orchestrated including assessment, curriculum and evaluation.

2. Early Childhood Education, Reverse Mainstream Project

   Contact Person: Pat Estes

   Address: 1925 S. Budlong Avenue
   Los Angeles, California
   90007
   (213) 731-7664

Description: The model program integrates nonhandicapped children into an LAUSD special school program for 3- to 12-year-old physically handicapped children. The ungraded class modules demonstrate the DEAL model of both an oper-structured (?) classroom environment in the option period and teacher-selected instructional plans in formal time. Child progress is determined by district-approved assessments and accomplishment of IEP goals.

3. Precise Early Education for Children with Handicaps (Project PEECH)

Contact Person: Merle B. Karnes

Address: University of Illinois
Colonel Wolfe School
403 East Healey
Champaign, Illinois 61820
(217) 333-4890

Description: PEECH is a center-based program for 3- to 5-year-old handicapped children and their families. Although the primary population is the mild to moderately handicapped, the procedures have been adapted for lower-functioning sensory-impaired children. In addition to pre- and post-test data which are obtained on all children, teachers assess each child's abilities, set individualized goals and objectives, teach, and continually evaluate child progress.

4. Louisiana Outreach Project for Preschool Handicapped Children

Contact Person: Gertrude Simonton

Address: Lincoln Center
Arlington Street
Ruston, Louisiana 71270
(318) 255-6071

Description: This project focuses on service delivery for handicapped children age 3 to 5 years and their families. The center-based public school model serves children from four rural local education agencies, and receives funding from both LEA and SEA sources. Project-developed curriculum and assessment measures are used.

5. Project Maine Stream Outreach Program

Contact Person: Barbara Berkovich

Address: P.O. Box 25
Cumberland, Maine 04021
(207) 829-5541

Description: The Project Maine Stream Outreach demonstration model is based on the philosophy that critical therapeutic early intervention allows handicapped children to enter the educational mainstream. The model is based on developmental theory with strong components for promoting early language and sensorimotor development.

6. Baltimore Early Childhood Learning Continuum

Contact Person: Jane Birckhead

Address: 2300 N. Calvert Street
Div. for Exceptional Children
Baltimore City Public Schools
Baltimore, Maryland 21218
(301) 396-6997

Description: The Baltimore Early Childhood Learning Continuum is a systems approach to mainstreaming handicapped children, providing early identification and special education services for the moderately handicapped preschool child. Diagnostic and prescriptive services, including tutoring and resource or small group assistance are provided. The mainstream teacher receives inservice and supportive services from a continuum team.

7. Project Shape (An Inservice Training Model)

Contact Person: Doris Rosen

Address: P.O. Box 200
Beaverton, Oregon 97075
(503) 649-0450

Description: This inservice training model is designed to facilitate the educational management of young profoundly handicapped children.

Model C: Combine Home-Based and Center-Based Services

A combination center-based and home-based model incorporates the advantages of each and assumes that each component will reinforce the other component. The primary professional intervention occurs in the classroom. This retains the advantage of cost-effectiveness while providing a range of specialized services for the preschool child. The parents are trained by the program staff to implement the child's

programs in the home. This retains the advantage of privacy for the family while assuring that the child receives appropriate services.

This model is characterized by frequent staff visits to the homes of the children to cooperatively plan and coordinate the instructional programs. These visits involve parent conferences concerning the child's progress and the parents' feelings about the program in general, observation of parent-child interactions, and teacher modeling of appropriate teaching techniques. There is obviously a qualitative difference between this model and center-based models which are characterized by more limited parental involvement and responsibility for teaching the child. But this model requires professionals who are highly sensitive to the feelings of parents about this instrusion into the privacy of the family and the home.

The PEECH Project at the University of Illinois, Urbana, Illinois, is an example of this model. It serves children older than three years who are mildly to moderately multiply handicapped. A curriculum developed for disadvantaged normal children entitled GOAL (Game Oriented Activities for Learning) has been modified for disabled children and is implemented in the classroom by a staff that includes psychologists, speech and language therapists, and a social worker. The classroom component involves each child in large group and small group activities, and individualized activities for 2½ hours a day. The small group activities are designed to meet the individual developmental needs of each child. Daily observations of each child in critical areas of development assists the staff in designing activities appropriate to each child's developmental level.

The parental component of this program focuses on training the parent to implement the child's program at home. The majority of this training occurs at home and is provided by home trainers. In addition, parents participate in the PEECH Project by attending large and small group meetings and through classroom observations and participation.

COMBINATION HOME BASED AND CENTER BASED PROJECTS

1. Early on Program -- Behavioral Assessment and Educational Planning for Multihandicapped Children

   Contact Person: Richard Brady

   Address: 5300 Campanile Avenue
   San Diego, California 92182
   (714) 265-6974

   Description: The demonstration model uses a behavioral approach to home- and center-based programming. The basis of the model is performance-determined instruction, using a data-based instructional management system.

2. Telstar

Contact Person: Vicki Wozniak

Address: 1691 M 32 West
Alpena, Michigan 49707
(517) 354-3101

Description: Telstar is a developmentally-based home intervention model which offers support to parents -- the primary teachers of children. Children birth to 5 and handicapped under P.L. 94-142, and their parents, are eligible to receive services. Every six to nine weeks, parents and staff determine child goals in five developmental areas. Both educational and ancillary services are provided within the home.

3. Early Education-Outreach

Contact Person: Virginia M. Bunker

Address: 1930 Como Avenue
St. Paul, Minnesota 55108
(612) 644-2001

Description: The demonstration model is a cognitively-oriented, family-centered intervention and remediation program for children (birth through 5 years) who are significantly developmentally delayed. The program includes a full range of services, with frequent combinations of center- and home-based teaching to foster parents as teachers in both settings. The program uses the criterion-referenced Vulpe' Assessment Battery and is field testing it (?) curriculum.

ead)

Appendix A

COMMUNITY RESOURCE SURVEY FORM

Does the agency/individual serve preschool children? If so, proceed to the following questions:

1. Description of screening services
   - Which developmental areas are screened?
   - What is the age-range of children screened?

2. What region (i.e., county, school district, etc.) does the agency/individual serve?

3. What is the current referral procedure?
   - Will accept referrals from:
   - Will make referrals to:

4. Are there any client eligibility requirements?

5. Describe the follow-up services which are available
   - Diagnostic services:
   - Interventional services:

6. What (if any) are the costs for:
   - Screening:
   - Diagnostic Services:
   - Intervention Services:

7. Will the agency/individual participate in a coordinated screening program? If so, how?

Appendix B

SAMPLE MATRIX OF COMMUNITY RESOURCES

	Agency: Contact Person: Telephone: Address:	Agency: Contact Person: Telephone: Address:	Agency: Contact Person: Telephone: Address:	
				Vision (Screening Services)
				Hearing (Screening Services)
				Speech/Language Communication (Screening Services)
				Fine & Gross Motor (Screening Services)
				Developmental (Screening Services)
				Other (Screening Services)
				0-2 (Age-Range)
				2-4 (Age-Range)
				4-6 (Age-Range)
				Region Served (Age-Range)
				Will accept referrals from
				Will make referrals to
				Diagnostic services provided
				Client Eligibility Requirements
				Cost for: screening, diagnostic services, intervention services
				Will participate in a coordinated screen program. If so how?
				Intervention Services

Appendix C

SAMPLE INTERAGENCY AGREEMENT

This Agreement is made and entered into between the Chairman of the Board for the _____ School District and the Director of the _____ Head Start Program. The parties to this Agreement, in consideration of the mutual promises and stipulations stated below, agree as follows:

SECTION I

The _____ School District agrees to provide the following to the _____ Head Start Program:

A. Screening services to all children enrolled in Head Start which shall consist of the following:
   1. speech and language screening,
   2. hearing screening,
   3. vision screening,
   4. fine and gross motor screening, and
   5. social-affective screening.

B. Comprehensive evaluations to all children suspected of being handicapped which shall include participation of professionals such as speech pathologist, school psychologist, audiologist, etc. as appropriate to individaul children.

C. Staff participation on child study team (CST) meetings to determine if the child is handicapped, to specify the handicap and to identify the least restrictive environment for the child to receive a free appropriate public education.

D. Assistance in developing, implementing and reviewing the individual education program for handicapped children enrolled in Head Start. The degree of involvement will vary according to the needs of individual children.

E. Speech and language therapy to Head Start children identified by the CST as speech impaired.

SECTION II

The _____ Head Start Program agrees to provide the following:

A. Assistance to the school district in conducting community wide preschool developmental screening clinics in the following ares:

   1. provision of staff members to assist in screening activities,
   2. provision of space for possible screening clinic sites, and
   3. provision of equipment which would assist completion of the clinic.

B. Provide mainstream placement opportunities to handicapped preschool children identified by the school district.

C. Opportunities for school district personnel to participate in Head Start's ongoing inservice training regarding preschool handicapped children.

D. An annual count of handicapped children, who have completed the CST and IEP process, to the school district by December 1st of each year. This will enable the school district to include these children on it's child count to be submitted to the Office of Public Instruction to generate EHA-B funds.

E. A letter of assurance that the Head Start will serve it's handicapped children in accord with state special education rules and regulations as well as Public Law 94-142.

SECTION III

This document contains the entire Agreement between the parties hereto and shall not be enlarged, modified or latered except upon written agreement signed by all parties to this agreement. No statements, promised or inducements made by either party, which are not contained in this written Agreement, shall be valid or binding.

_____ _____

Director, Head Start Program Date Board Chairman Date

Appendix D

Sample Intake Form

Child's Name _____ Birth Date _____

Parents or Guardian _____

Address _____

Telephone _____ Source of referral to screening program _____

Physician _____ School district _____

Parent concerns, if any, about child's development _____

_____

_____

_____

Date/Time of screening appointment _____

Person completing this form _____

ote: Other questions might be asked at this time in the form of a case history. Information regarding pre and post natal development as well as general developmental milestones such as age when first walked, talked, toilet trained, etc. Additional information may also be gathered about medical concerns such as earaches, vision problems, etc.

Appendix E

Sample Parental Permission Form for a Developmental Screening Program

I hereby authorize the Child Find Program staff to conduct a developmental screening of (Child's name). I understand that this is only a preliminary screening and that the staff will make referrals for in-depth developmental evaluations should they be indicated for my child. A referral for further evaluations does not indicate that my child necessarily has a developmental disability or delay but that the staff feels further evaluation is necessary to accurately assess my child's developmental level(s).

This screening program will assess the following developmental areas:

(Check areas to be screened)

_____ Cognitive

_____ Speech/language

_____ Fine and gross motor

_____ Hearing

_____ Vision

_____ Physical/growth curve

_____ Dental

_____ Social/self-help

_____ Perceptual

_____ Pre-academic

_____
Parent's signature

_____
Date

School District:

Date:

Child's Name	Parent's Name	Birth Date	Address	Results

Appendix G

Sample Follow-up Log

Name of Child	Date of Birth	Date of Evaluation	Evaluation Tool Used	Summary of Evaluation Results	Recommendations	Outcome/ Followthrough

Appendix H

1978 Montana County Profiles

The new edition of Montana County Profiles is ready for distribution. Each computer-generated county profile has 10 sections with 65 tables of social and economic data.

PROFILES are available from the Research & Information Systems Division, Department of Community Affairs, for a charge of $1.50 per county. Complimentary copies cannot be supplied.

Date_____

Research & Information Systems Div.
Department of Community Affairs
Capitol Station
Helena, Montana 59601

Please forward a set (56) of the Montana County Profiles. Enclosed is remittance in the sum of $84.00.

Please forward a statistical profile of each county checked below. Enclosed is remittance in the sum of $_____ ($1.50 per county).

__ Beaverhead	__ Flathead	__ Madison	__ Roosevelt
__ Big Horn	__ Gallatin	__ Meagher	__ Rosebud
__ Blaine	__ Garfield	__ Nineral	__ Sanders
__ Broadwater	__ Glacier	__ Missoula	__ Sheridan
__ Carbon	__ Golden Valley	__ Musselshell	__ Silver Bow
__ Carter	__ Granite	__ Park	__ Stillwater
__ Cascade	__ Hill	__ Petroleum	__ Sweet Grass
__ Chouteau	__ Jefferson	__ Phillips	__ Teton
__ Custer	__ Judith Basin	__ Pondera	__ Toole
__ Daniels	__ Lake	__ Powder River	__ Treasure
__ Dawson	__ Lewis & Clark	__ Powell	__ Valley
__ Deer Lodge	__ Liberty	__ Prairie	__ Wheatland
__ Fallon	__ Lincoln	__ Ravalli	__ Wibaux
__ Fergus	__ McCone	__ Richland	__ Yellowstone

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

TABLE OF CONTENTS

Montana County Profiles

Appendix I

The Montana Graphic Profiles, a supplement to the Montana County Profiles released earlier this year, are ready for distribution.

The new publication contains a collection of computer-generated maps which present comparison data on 30 or more kinds of information. Each map deals with a different subject and on each one the counties are ranked by dividing the 56 values into four categories or quartiles. Statistical data that went into the production of these and about 70 other maps are a part of the "County Profiles" maintained by the Research and Information Systems Division of DCA.

You can order a copy of Montana Graphic Profiles for $3.00. Use the form below, or contact: DCA Research and Information Systems Division, Capitol Station, Helena, MT 59601/(406) 449-2896.

Allow 2 weeks for delivery.
Make checks payable to the Department of Community Affairs.

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

NAME_____

ADDRESS_____

_____ZIP_____

Please send me _____ of Montana Graphic Profiles. I
copy (ies)
enclose $3.00 for each, a total of $_____.

CONTENTS
Graphic Profiles

MAPS

APPENDIX: FULL LIST OF MONTANA GRAPHIC PROFILES MAPS

DCA MONTANA DEPARTMENT OF COMMUNITY AFFAIRS
Capitol Station, Helena, Montana 59601
Thomas L. Govern

M E M O R A N D U M

TO:

FROM: R. Thomas Dundas, Jr., Administrator
Research and Information Systems Division

SUBJECT: Available Publications

Title	Date Published	Cost
County Profiles (one per county)	June, 1978	$ 1.50 per co
Directory of Montana Manufacturers 1976-77	August, 1977	10.00
Economic Conditions in Montana, A Report to the Governor	December, 1978	Free
Graphic Profiles	November, 1978	3.00
Montana Data Book	1970	5.00
Montana Directory of Trade, Technical, and Selected Professional Associations	February, 1979	.50
Montana Population Projections with County Projections by Age and Incorporated City Projections 1975-2000; with supplement of July, 1978	August, 1977	3.00
Montana State, Regional and County Estimates 1950-1975 with City Population Estimates 1970-1975; with Addendum through 1976	October, 1976	2.00

Appendix J

ORDER FORM

Child Find materials available from the Office of Public Instruction:

BROCHURES (free of charge):

Quantity	Title
_____	"How They Grow: A child development checklist for parents."
_____	"Special Education helps kids learn better" (color brochure)
_____	Parents Guide 1: "The education of handicapped children"
_____	Parents Guide 2: "The Evaluation and Child Study Team"
_____	Parents Guide 3: "Your child's Individualized Education Program"
_____	Parents Guide 4: "Your rights as the parent of a handicapped child"

PRE-RECORDED RADIO COMMERCIAL ($5 each tape ordered)

_____ Pre-recorded 60-second radio commercial which includes 40 seconds of general information about screening programs and a 20-second segment for insertion of information about your local screening clinic.

YOUR NAME _____ TITLE _____

SCHOOL DISTRICT _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____

PLEASE MAIL ORDER FOR TO: Help a child grow.
Special Education Unit
Office of Public Instruction
Capitol Building
Helena, MT 59601

Appendix K

LIST OF RESOURCES

The following is a listing of resources in places throughout Montana. Agencies are listed here according to the region of the state in which they are located. Many agencies provide services regionwide, while others are restricted by county boundaries. This directory is by no means a complete listing of resources available within any one given community, but rather a beginning upon which users of this manual can build, adding and deleting as needed.

It is hoped that through interagency cooperation and collaboration Child Find and subsequent follow-up services can be provided in the most beneficial, cost-efficient manner possible. This can begin through awareness of the resources available within your service area and coordinating all possible activities to reduce duplicated services.

STATE WIDE RESOURCES

Parent Groups

Great Falls Association for
Children with Learning Disabilities
1730 Alder Drive
Great Falls, MT 59405 452-5746

Ruth Vann Ettinger, President

Children in Need
905 Fourth Avenue West
Kalispell, MT 59901 755-5878

Sandra Kelley, President

Montana Society for Autistic Children
3125 Avenue F
Billings, MT 59101 656-8053

Mary Lou Sweeney

United Cerebral Palsy Associations
of Montana, Inc.
Milligan Route
Great Falls, MT 59401 454-3561

Ray Hahn, President

Epilepsy Foundation of Montana
1010 7th Ave. N.W.
Great Falls, MT 59401

Linda Reng, President

Montana Association for
Retarded Citizens
Drawer 519
Boulder, MT 59631 225-3317

Ed Wilkenson, President

Montana Congress of Parents and Teachers
5975 Pinewood
Missoula, MT 59801 549-0608

Connie Skousen, President

Education Subcommittee
Montana Inter Tribal Policy Board
300 North 25th Street
Billings, MT 59101 245-2228

William Yellowtail

Billings Association for Children
with Learning Disabilities
2904 Mickey Wright Lane
Billings, MT 59102 656-8951

Joanne Leuthold

Montana Association for the Blind
603 Custer
Billings, MT 59101 252-6490

Jerry Baker

Institutions

Boulder River School and Hospital Boulder, Montana 59132 255-3311	Dr. Richard Heard, Director
Eastmont Training Center Glendive, MT 59330 365-2644	Gerald Butcher, Superintendent
Mountain View School 2260 Sierra Rd. East Helena, MT 59601 458-5121	Donal Robel, Superintendent
Pine Hills School Miles City, MT 59301 232-1377	Allan Davis, Superintendent
Montana School For Deaf and Blind Great Falls, MT 59401 453-1401	Floyd McDowell, Superintendent
Swan River Youth Forest Camp Swan Lake, MT 59911 754-2292	Melvin Mohler, Superintendent
Warm Springs State Hospital Warm Springs, MT 59756 693-2242	James Hamill, Superintendent
Montana State Prison Deer Lodge, MT 846-1320	Roger W. Crist, Warden
Galen State Hospital Galen, MT 693-2281	E. P. Higgins, Superintendent

EVALUATION AND DIAGNOSIS CENTERS

Montana Center for Handicapped Children
Eastern Montana College
Billings, MT 59101
252-9316

Developmental Assessment Services
Glendive Medical Center
Glendive, MT 59330
365-6031

Comprehensive Development Center
402 South 4th West
Missoula, MT 59801
549-6413

INSTITUTIONS OF HIGHER EDUCATION

Institute for Habilitative Services
Eastern Montana College
Billings, MT 59101
Ron Sexton, Director
657-2351

University of Montana
Communication Sciences & Disorders
Missoula, MT 59801
Charles D. Parker, Chairman
243-4131

Montana State University
Home Economics
Child Development
Bozeman, MT 59715
Margret A. Briggs, Department Head

EXEMPLARY PRESCHOOL PROGRAMS PROVIDING TRAINING

Project Sunrise
Eastern Montana College
Billings, MT 59101
Kay Walker
657-2250

A Rural Educational Model for Moderately
to Severely Handicapped Children (0 to 5 years)
Montana University Affiliated Program Satellite
University of Montana
Missoula, MT 59812
James Pezzino
243-5467

STATE AGENCIES

Department of Health and Environmental Sciences
Arthur C. Knight, M.D., Director
Cogswell Building
Helena, MT 59601
449-2544

Dental Health Bureau
Arthur J. Terrill, D.D.S., Chief
449-3429

Maternal and Child Health Services Bureau
Sidney Pratt, M.D., Chief
449-2554

Nursing Bureau
Althea Ginnebaugh, Chief
449-2076

Preventive Health Services Bureau
Martin D. Skinner, M.D., Chief
449-2645

Department of Institutions
Lawrence M. Zanto, Director
1539 Eleventh Avenue
Helena, MT 59601
449-3930

Mental Health and Residential Services Division
Peter S. Blouke, Administrator
449-3964

Corrections Division
Daniel D. Russell, Administrator
449-5671

Department of Justice
Mike Greely, Attorney General
Room 225
State Capitol
Helena, MT 59601
449-2026

Juvenile Justice Bureau
Steve Nelsen, Chief
449-3604

Office of the Superintendent of Public Instruction
Georgia Ruth Rice, Superintendent
Room 106
State Capitol
Helena, MT 59601
449-3654

Special Education Unit
Shirley Miller, Director
449-5660

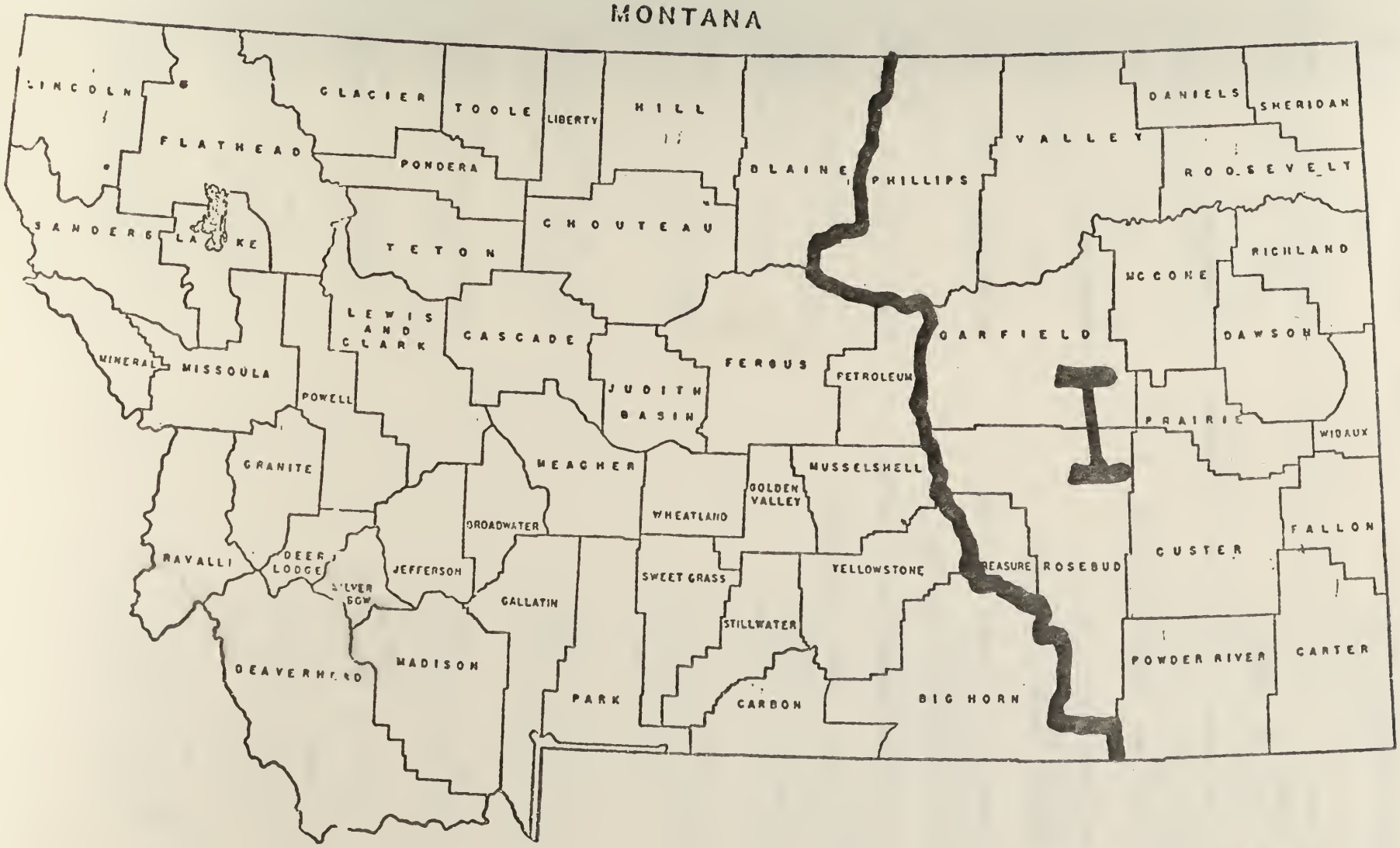
Department of Social and Rehabilitation Services
Keith L. Colbo, Director
Room 301
SRS Building
111 Sanders
Helena, MT 59601
449-5622

Community Services Division
Edward J. Malensek, Administrator
449-3865

Child and Youth Development Bureau
Charles McCarthy, Chief
449-3724

Social Services Bureau
Norma Vestre, Chief
449-3865

Developmental Disabilities Division
Peggy Fields, Administrator
449-2995



. 1050 — County Outline Map

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REGION I RESOURCES

Developmental Disabilities Division 708 Palmer Miles City, MT 59301	Susan Mathews and Le Ann Anderson
DEAP (Developmental Education Assistance Program) P.O. Box 986 Miles City, MT 59301 232-6034	Kurt Hughes
Hi-Line Training 110 5th St. South Glasgow, MT 59230 228-9431	Brenda Schye
Developmental Assessment Services Glendive Medical Center Glendive, MT 59330 365-6031	Peter Degel
Eastern Montana Mental Health Center 1819 Main Miles City, MT 59301 232-1687	Frank L. Lane

REGION I

DAY CARE CENTERS

Ashland Child Development Center
Box 467
Ashland, MT 59003

Community Child Development Center
Glasgow AFB Box 4630
Glasgow AFB, MT 59231

Poplar Day Care Center
WAKANYEJA OINWETAYE
P.O. Box 815
Poplar, MT 59255

Miles City Day Care Center
708 Missouri
Miles City, MT 59301

Early Childhood Education Program
Family Training Center
P.O. Box 4667
Glasgow AFB, MT 59231

Fort Peck Head Start
P.O. Box 307
Poplar, MT 59255 768-3605

Northern Cheyenne Head Start
P.O. Box 368
Lame Deer, MT 59043 477-6284

Christopher Robin Pre-School
Cooke & Ames Streets
Glendive, MT 59330

CITY - COUNTY HEALTH

Lila Sullivan
Box 325
Broadus, MT 59317

Delcie Schartner
Valley County Health Dept.
Courthouse
Glasgow, MT 59230

Sandra Kinsey, RN
Fallon Co. Commissioners
P.O. Box 478
Baker, MT 59313

Adeline Ueland, RN
Sheridan Co. Courthouse
Plentywood, MT 59254

Diane Weeks
IHS Indian Health Center
Poplar, MT 59255

Marian Chrudimsky, RN
Wibaux Co. Courthouse
Wibaux, MT 59353

Lois Sadorf, PHN
Dawson Co. Health Dept.
Courthouse, Box 811
Glendive, MT 59330

Pauline Wischmann, RN
McCone Co. Courthouse
Circle, MT 59215

Pearl Taylor, RN
P.O. Box 293
Hysham, MT 59038

Veronica C. Carpenter, RN
Roosevelt Co. Health Dept.
Box 726 - Courthouse
Wolf Point, MT 59201

Patrician Harbaugh, RN
Garfield Co. Courthouse
P.O. Box 141
Jordan, MT 59337

Colleen Kohn, RN
Custer Co. Health Dept.
Courthouse
Miles City, MT 59301

Joan Schatz, RN
Rosebud Co. Health Dept.
25 N. 17th
Box 388
Forsyth, MT 59327

Mary Alice Rehbein, RN
Richland Co. Health Dept.
221 Fifth Street, S.W.
Sidney, MT 59270

Mary Lou Schwarz, RN
Phillips Co. Health Dept.
Courthouse, Box 309
Malta, MT 59538

Early Periodic Screening, Diagnosis and Treatment Contractors (EPSDT)

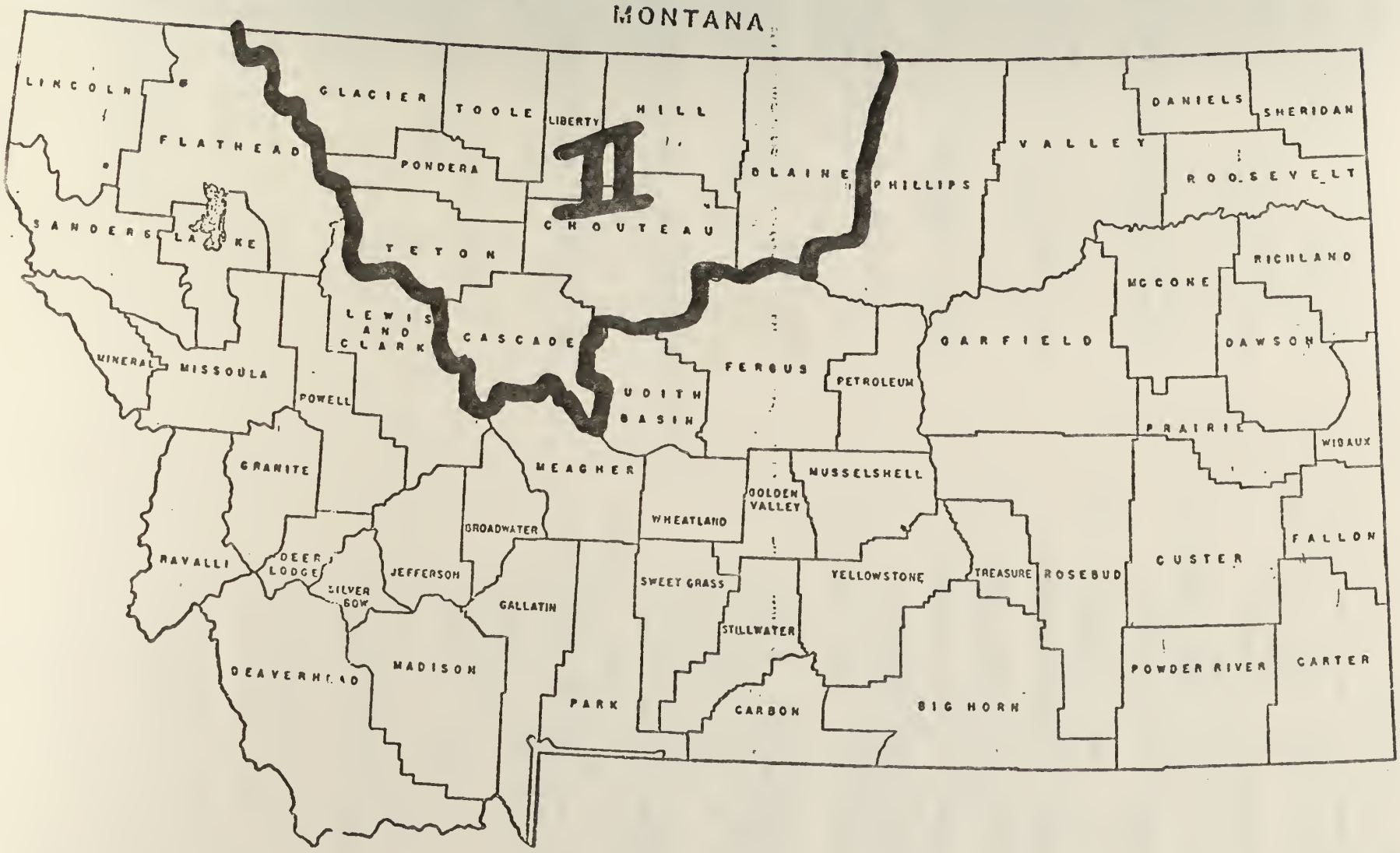
Peter Degel
Developmental Assessment Services
Glendive Medical Center
Glendive, MT 59330

Phillips, Valley, Daniels, Sheridan, Roosevelt, Garfield, McCone, Richland, Dawson, Wibaux, Prairie, Treasure, Rosebud, Custer, Powder River, Carter, Fallon

Well Child Clinics

Northern Cheyenne Service Unit
Indian Health Service
Lame Deer, MT 59043

Fort Peck Service Unit
Indian Health Service
Wolf Point, MT



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REGION II RESOURCES

Developmental Disabilities Division 1818 10th Avenue South Great Falls, MT 59405 727-7740	Helen Ciba, Jerry Medved, Dee Smith
Child and Family Services 1323 9th Avenue South Great Falls, MT 59405 452-9531	William D. Smith
Regional Living Service Box 348X Havre, MT 59501 265-4780 or 2981	Diane Savasten
School for the Deaf & the Blind 3911 Central Avenue Great Falls, MT 59401 453-1401	Floyd McDowell
Northcentral Montana Community Mental Health Center 1015 First Avenue North P.O. Box 3048 Great Falls, MT 59403 761-2100	Evan S. Crandall
Havre Easter Seal Donaldson Hall North Montana College Havre, MT 59501 265-6151	Kim Bauer, Coordinator
Great Falls Easter Seal 4400 Central Avenue Great Falls, MT 59401 727-3151	Sally Cerney, Center Director
Easter Seal Hearing Conservation 12th 2 Ave. S.W. Conrad, MT 59425 278-7558	Gary McCaman, Coordinator

REGION II

DAY CARE CENTERS

Opportunities Day Care Center
Box 2532
Great Falls, MT 59403

Ursuline Academy Day Care Center
2300 Central Avenue
Great Falls, MT 59401

St. Thomas Day Care Center
3200 Central Avenue
Great Falls, MT 59401

Little Y's Acres
101 First Avenue North
Great Falls, MT 59401

Riverview Day Care Center
516 32 Avenue N.E.
Great Falls, MT 59404

Human Growth Center
915 1st Avenue South
Great Falls, MT 59401

Sunnyside Preschool and Child Care Center
1700 17 Street South
Great Falls, MT 59405

Browning Day Care Center
Box 239
Browning, MT 59417

Jack & Jill Day Care Center
407 Sunset Blvd.
Conrad, MT 59425

Mother Goose Day Care Center
26 4th Avenue S.W.
Cut Bank, MT 59427

Children's House of Havre
422 4th Street
Havre, MT 59501

A-WAH-SUC Child Center
Rocky Boy Agency
Box Elder, MT 59521

Day Care Co-op
Ft. Belknap Agency, MT 59526

Noah's Ark
3026 Central Ave.
Great Falls, MT 59401

Munchkin House
1225 5th Avenue North
Great Falls, MT 59401

Gramma's Nursery School
2304 2 Avenue North
Great Falls, MT 59401

Child Development Center
800 7th Avenue North
Great Falls, MT 59401

Eileen's Day Care
1903 3rd Avenue North
Great Falls, MT 59401

Tiny Tot Day Care
1623 12th Avenue South
Great Falls, MT 59405

Fort Belknap Day Care
Rte #1 Box 83
Harlem, MT 59526

Kinderkastle
1321 6th St.
Havre, MT 59501

Riverview Group Home
516 32nd Avenue N.E.
Great Falls, MT 59404

Blackfeet Head Start
P.O. Box 537
Browning, MT 59417 338-7370

Fort Belknap Head Start
P.O. Box 68
Harlem, MT 59526 353-2205

REGION II

DAY CARE CENTERS (cont.)

Kids Korner
Box 872
Chinook, MT 59523

Northern Montana Head Start
P.O. Box 1369
Havre, MT 59501 265-6794

Rocky Boy Head Start
Rocky Boy Elementary School
Box Elder, MT 59521

Opportunities, Inc., Head Start
P.O. Box 2532
Great Falls, MT 59403 453-5415

CITY - COUNTY HEALTH

Cherry Travis, RN
Cascade City-County Health Dept.
1130 17th Ave. So.
Great Falls, MT 59405 761-6700

Eleanor Gustafson
Box 1291
Conrad, MT 59425

Roberta Lener, RN
Hill Co. Health Dept.
321 4th Street
Havre, MT 59270

Lois Knecht, RN
Chouteau Co. Health Dept.
Courthouse
Fort Benton, MT 59442

Catherine M. Brown, RN
Glacier Co. Health Dept.
125 9th Ave., S.E.
Cut Bank, MT 59427 873-4461

Lora Wier
Teton Medical Center
Choteau, MT 59644

Public Health Nurse
Rocky Boy Health Agency
Box Elder, MT 59521

Eileen Randall, PHN
Toole Co. Health Dept.
Courthouse
Shelby, MT 59474

Mary Pyette, RN
Box 1017
c/o Old Armory Bldg.
Chinook, MT 59523 357-2345

Early Periodic Screening, Diagnosis and Treatment Contractors (EPSDT)

Cherry Travis
City County Health Dept.
1130 17th Ave. South
Great Falls, MT 59405

Cascade

Laverne Barnes
Community Health Systems, Inc.
Box 2806
Great Falls, MT 59403

Chouteau, Toole, Glacier

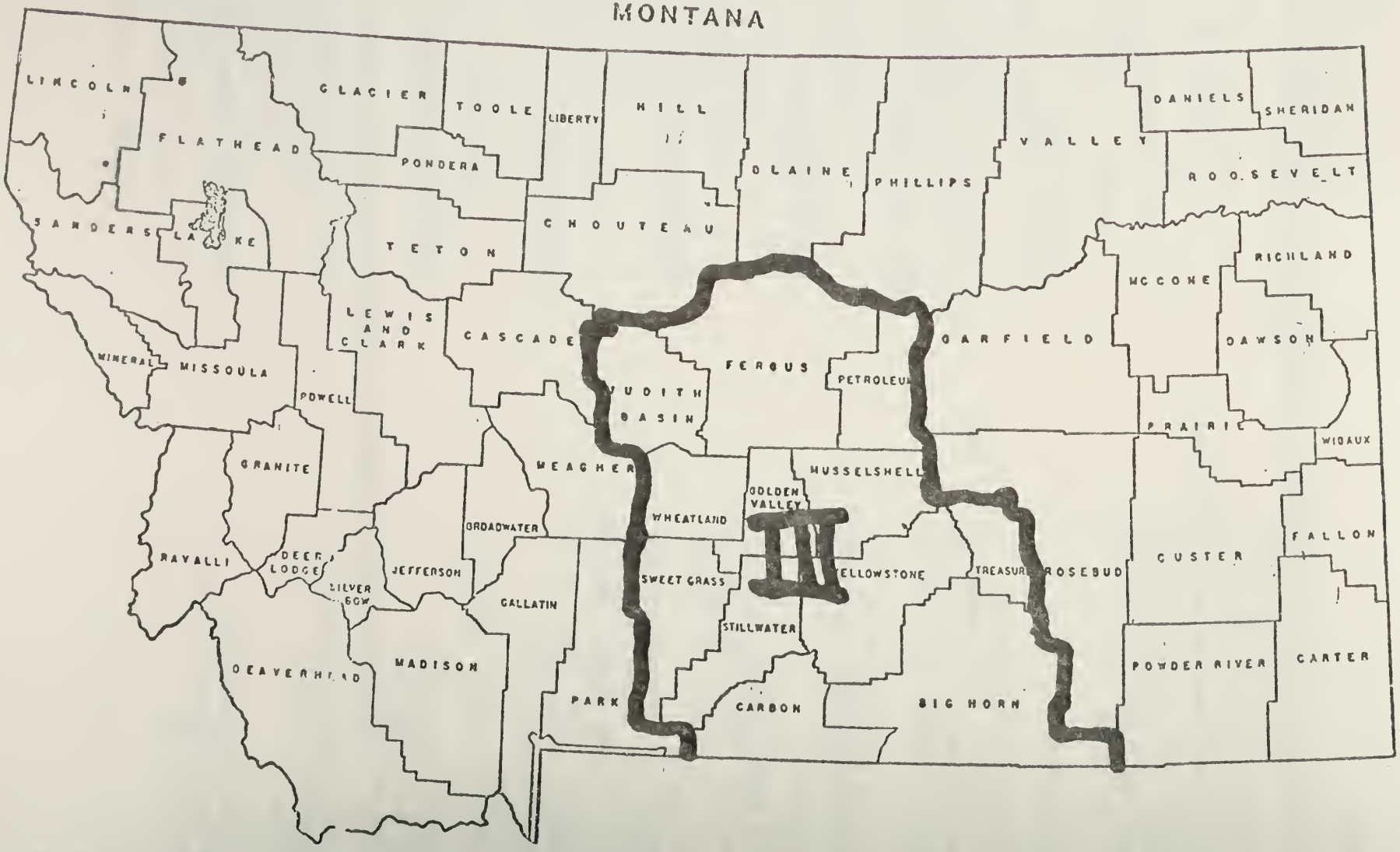
REGION II

Early Periodic Screening, Diagnosis and Treatment Contractors (EPSDT) (cont.)

Shirley Isbell District Four Human Resource Development Council Box 1509 Federal Building Havre, MT 59501	Hill, Blaine, Liberty
Shirley Hudson EPSDT Maternal and Child Health Dept. of Health & Environmental Sciences 25 South Ewing Helena, MT 59601	Pondera, Teton

Well Child Clinics

Mary Pyette, RN Box 1017 c/o Old Armory Bldg. Chinook, MT 59523 357-2345	Blaine County
Cherry Travis Cascade City-County Health Dept. 1130 17th Ave. South Great Falls, MT 59405 761-6700	Cascade County
Catherine M. Brown, RN Glacier Co. Health Dept. 125 9th Ave., S.E. Cut Bank, MT 59427 873-4461	Glacier County
Blackfeet Service Unit Indian Health Service Browning, MT 59417	Blackfeet Reservation
Rocky Boy's Service Unit Indian Health Service Rocky Boy, MT	Rocky Boy's Indian Reservation
Fort Belknap Service Unit Indian Health Service Fort Belknap, MT	Fort Belknap Reservation



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REGION III RESOURCES

Developmental Disabilities Division 1211 Grand Avenue Billings, MT 59101	Jean Neyrinck, Rebecca Dickerson, and Jean Read
Early Childhood Intervention School District No. 2 101 10th St. West Billings, MT 59101 248-7421	Lyle Grayson
Special Training for Exceptional People 1739 Grand Avenue Billings, MT 59102	Rena Wheeler
South Central Montana Regional Mental Health Center 1245 North 29th Street Billings, MT 59101 252-5658	Bryce G. Hughett, M.D.
Yellowstone Easter Seal Center 2408 6th Ave. North Billings, MT 59101	Kevin Wold, Center Director
Lewistown Easter Seal 215 7th S. Lewistown, MT 59457 538-7454	Nella Thompson, Coordinator

REGION III

DAY CARE CENTERS

Triangle Day Care Center
1243 North 31st
Billings, MT 59101

Laurel Christian Day Care Center
1002 Third Avenue
Laurel, MT 59044

Rainbow Day Care Center
810 Division St.
Hardin, MT 59034

Red Lodge Day Care Center
308 So. Broadway
Box 575
Red Lodge, MT

Billings Montessori School and
Day Care
2316 Rehberg Lane
Billings, MT 59101

Christian Day Care Center
814 North 30th
Billings, MT 59101

Community Day Care Center
310 North 27th
Billings, MT 59101

First Methodist Child
Development Center
4th Avenue North and Bradway
Billings, MT 59101

Free Will Baptist Day Care Center
1545 Hawthorne Lane
Billings, MT 59101

Gingerbread House Day Care Center
916½ Dorothy Lane
Billings, MT 59101

Heights Toddle Town Day Care Center
445 Hanson Lane
Billings, MT 59101

Love's Learn & Play Land
Rte. #3, Chicago Blvd.
Billings, MT 59101

Neighborhood House Day Care Center
206 S. 26th
Billings, MT 59101

Oakmont Day Care Center
1539 Yellowstone River Rd.
Billings, MT 59101

Play Ed Day Care Center
1142 Howard Avenue
Billings, MT 59101

Second Community Day Care Center
218 North 24th
Billings, MT 59101

Toddle Town Day Care Center
2211 Lewis Avenue
Billings, MT 59101

Trinity Baptist Day Care Center
1605 Bench Blvd.
Billings, MT 59101

Wee Care Day Care Center
501 South 29th
Billings, MT 59101

Sunshine Preschool & Day Care
Box 21
Worden, MT 59088

Play-Ed Day Care Center
1628 Grand Avenue
Billings, MT 59101

Billings Head Start
2518 1st Ave. North
Billings, MT 59101

Crow Head Start
P.O. Box 249
Crow Agency, MT 59865

Laurel Christian Day Care Center
1002 Third Avenue
Laurel, MT 59044

REGION III

CITY - COUNTY HEALTH

Madonna D. Smith, RN
Fergus Co. Health Dept.
Bank Elect, Bldg. #201
P.O. Box 1150
Lewistown, MT 59457

Dolly D. Lind, PHN
Box "T"
Hardin, MT 59034

Stillwater Health Agency
350 West Pike
Columbus, MT 59019

Eunice Grewell, RN
No. Carbon Co. Health Assn.
110 Main, Box ;197
Joliet, MT 59041

Margaret Traweeek, RN
Nurse Health Center
Joliet, MT 59041

Rita M. Harding, RN
Indian Health Service
Crow Agency, MT 59022

Early Periodic Screening, Diagnosis and Treatment Contractors (EPSDT)

Jan Treml
City-County Health Dept.
Courthouse
Billings, MT 59101

Yellowstone County

Alan Strange
Big Horn Health Corporation
P.O. Box 223
Hardin, MT 59034

Big Horn

Shirley Hudson
EPSDT
Maternal and Child Health
Dept. of Health & Environmental Sciences
25 South Ewing
Helena, MT 59601

Fergus, Judith Basin, Petroleum, Wheatland, Golden Valley, Musselshell, Sweet Grass, Stillwater, Carbon

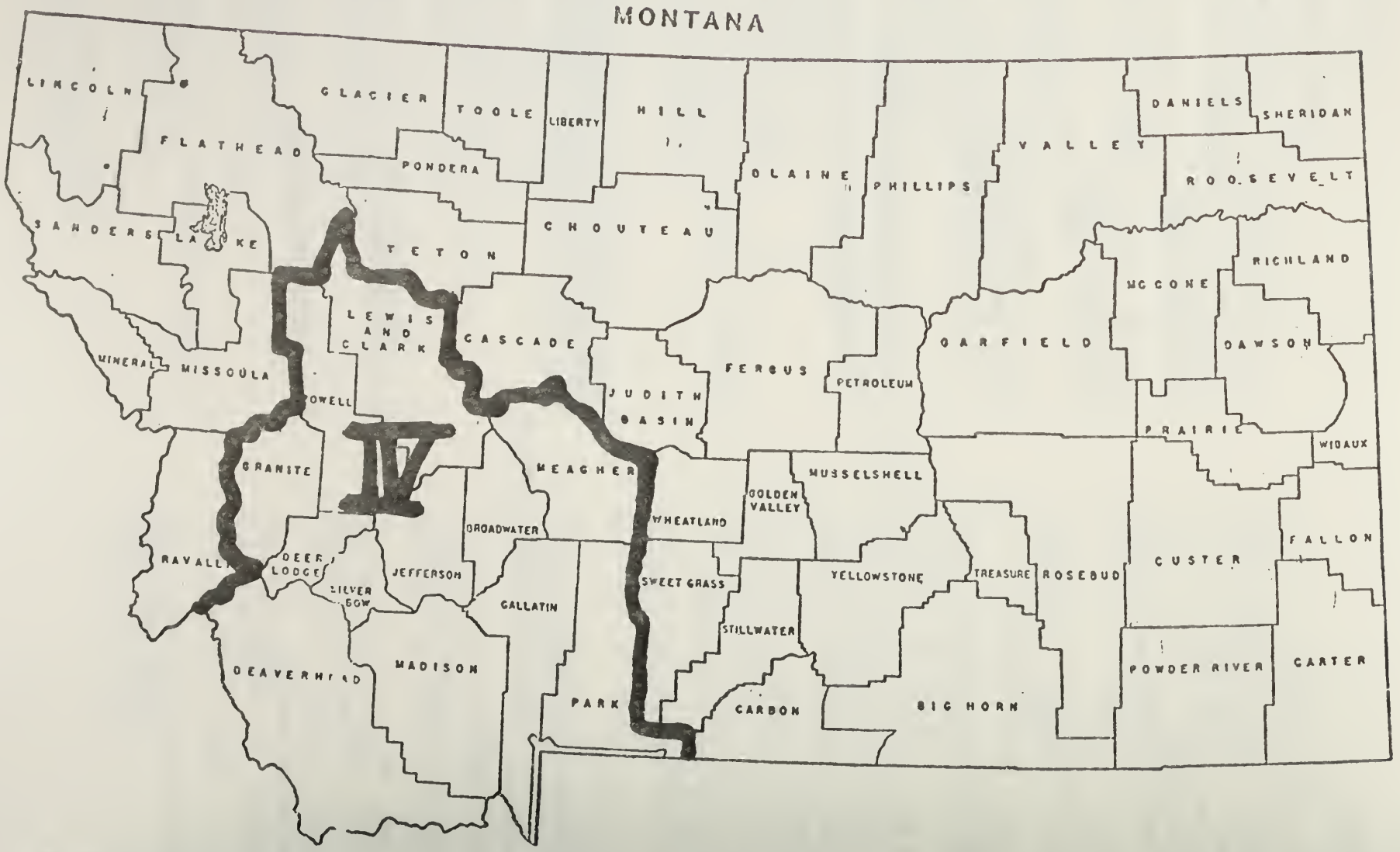
Well Child Clinics

Jan Treml, RN
See EPSDT above

Yellowstone County

Crow Service Unit
Indian Health Service
Crow Agency, MT 59022

Crow Indian Reservation



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REGION IV RESOURCES

Developmental Disabilities Division Old St. John's Hospital Helena, MT 59601	Sue Jackson, Joyce Arnold, Ardis Steinmetz and Zana Smith
Family Outreach 25 South Ewing Helena, MT 59601 443-7370	Ted Maloney
First Step, Inc. 1430 Cherry Drive Bozeman, MT 59715 587-8423	Larry Watson
Southwest Montana Mental Health Center 801 N. Last Chance Gulch 512 Logan Helena, MT 59601 442-0310	David W. Briggs
Butte Easter Seal 303 W. Silver Butte, MT 59701 723-7343	Pat Ingals, Coordinator
Gallatin Easter Seal Speech Communication Department Montana State University Bozeman, MT 59715 994-4563	Darrell Micken, Center Director
Helena Easter Seal 1417 Helena Ave. Helena, MT 59601 442-2061	Judy Johnson, Center Director

REGION IV

DAY CARE CENTERS

Shauna's Sunshine School
216 E. Callendar
Livingston, MT 59047

ABC Day Care Center
315 South 19th
Bozeman, MT 59715

ASMSU Day Care Center
Student Union Bldg.
Bozeman, MT 59715

Children's Development Center, Inc.
804 South Willson Avenue
Bozeman, MT 59715

Pooh Corner Day Care Center
217 South 3rd
Bozeman, MT 59715

West Yellowstone Day Care Center
P.O. Box 803
West Yellowstone, MT 59758

Butte Community Day Care Center
25 W. Front St.
Butte, MT 59701

Deer Lodge County Day Care Center
Box 219
Anaconda, MT 59711

Community Play Center
710 South Atlantic
Box 701
Dillon, MT 59725

Carden "Big Sky" School
P.O. Box 617
Livingston, MT 59047

Jack 'N Jill Nursery
2800 Villard
Helena, MT 59601

YMCA Afterschool Program
1200 North Main
Helena, MT 59601

Children's World
1221 Billings
Helena, MT 59601

Rocky Mountain Development Council
1421 Roberts
Helena, MT 59601

Westside Children's Center
1414 Leslie
Helena, MT 59601

Bozeman Nursery
409 North Bozeman
Bozeman, MT 59715

Cozy Corner Day Care Center
524 So. Black
Bozeman, MT 59715

World Family Center
120 E. Story
Bozeman, MT 59715

First Run Child Care Center
General Delivery
Big Sky, MT 59716

Mount Powell Day Care Center
305 West College Avenue
Deer Lodge, MT 59722

Deer Lodge County Head Start
P.O. Box 219
Anaconda, MT 59711 563-8421

Butte-Silver Bow Head Start
P.O. Box 608
Butte, MT 59701 792-3720

Rocky Mountain Development Council
Helena Head Start
P.O. Box 721
Helena, MT 59601 442-7930

REGION IV

CITY - COUNTY HEALTH

Jean Boggs, RN
Butte-Silver Bow Health Dept.
220 North Alaska
Butte, MT 59701

Lewis & Clark City-Co.
Health Dept.
Attention: Shirley McGuire
316 North park
Helena, MT 59601 443-1010

Pat Nelson, RN
Broadwater Co. Health Dept.
Courthouse
Townsend, MT 59644

Penny Carpenter, RN
Rural Route 38
Livingston, MT 59407

Jackie Stonnell, RN
Nursing Director
Gallatin City-Co. Health Dept.
Courthouse, Room 105
Bozeman, MT 59715

Marjean Wagner, CHN
Box 1166
Dillon, MT 59725

Margo Bowers, PHN
P.O. Box 118
Hall, MT 59837 288-3627

Early Periodic Screening, Diagnosis and Treatment Contractors (EPSDT)

Shirley McGuire, RN City-County Health Dept. City-County Building 316 North Park Helena, MT 59601 443-1010	Lewis and Clark, Broadwater, Jefferson
Becky Harrington, RN City-County Health Dept. 25 W. Front Butte, MT 59701	Silver Bow, Deer Lodge, Powell
Jacqueline Uivary Box 426 Whitehall, MT 59759	Jefferson
Richard Bellon Human Resource Development Council 234 East Main St. Bozeman, MT 59715	Park, Meagher
Jacqueline Stonnell City-County Health Courthouse Bozeman, MT 59715	Gallatin

Early Periodic Screening, Diagnosis and Treatment Contractors (EPSDT) (cont.)

Shirley Hudson
EPSDT
Maternal and Child Health
Dept. of Health & Environmental Sciences
25 S. Ewing
Helena, MT 59601

Granite, Broadwater, Beaverhead, Madison

Well Child Clinics

Margo Bowers, PHN
P.O. Box 118
Hall, MT 59837 288-3627

Granite County

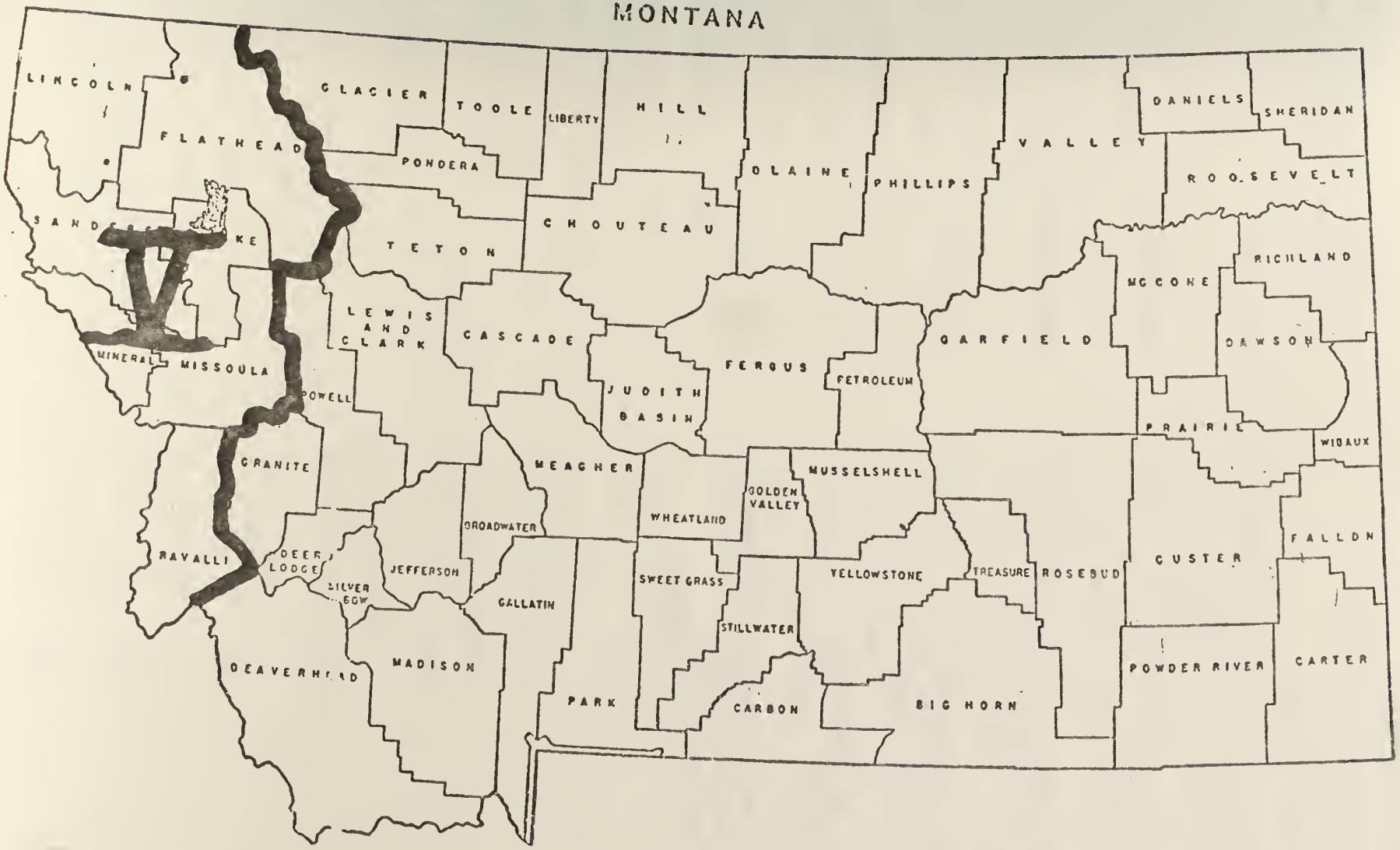
Shirley McGuire, RN
City-County Health Dept.
City-County Building
316 North Park
Helena, MT 59601 443-1010

Lewis and Clark County

Becky Harrington, RN
Mary Louise Mansanti, RN
City-County Health Dept.
25 W. Front
Butte, MT 59701

Silver Bow County

MONTANA



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REGION V RESOURCES

Developmental Disabilites 848 Burlington Missoula, MT 59801	Jim Murphy, Kathy Frantzreb, Cheryl Harner and David Spencer
Comprehensive Development Center 402 South 4th West Missoula, MT 59801 549-6413	Mike Morris
Flathead Industries 305 3rd Avenue E. Kalispell, MT 59901 755-7656	Mike Chaffin
Lincoln County Sheltered Workshop 101 Mineral Avenue Libby, MT 59923 293-7932	Gary Huntsberger
Missoula Respite Services 150 W. Front, Suite B Missoula, MT 59801 542-0127	Laura Cork
Ravalli Services Corp. P.O. Box 287 Hamilton, MT 59840 363-5960	John Filz
Western Montana Regional Community Mental Health Center T-12 Fort Missoula Road Missoula, MT 59801 543-5177	Joyce Gale, Ph.D

REGION V

DAY CARE CENTERS

Elmo Day Care Center
Box 3
Elmo, MT 59915

Pablo Day Care Center
Box 2272
Polson, MT 59860

Reservation Day Care
Box 2272
Polson, MT 59860

Ronan Day Care Center
Box 2272
Polson, MT 59860

St. Ignatius Center
Box 461
St. Ignatius, MT 59865

Winnie the Pooh
513 27th St.
Rte #1
St. Ignatius, MT 59865

Columbia Falls Christian
Day Care Center
2620 Highway #40
Columbia Falls, MT 59912

Easthaven Day Care
Highway #93 North
Kalispell, MT 59901

Merry Day Nursery
1004 South Main
Kalispell, MT 59901

Montesori Center
5 Park Hill Rd.
Kalispell, MT 59901

Smith Memorial Center
Box 1020
Kalispell, MT 59901

Sugar & Spice Day Care Center
1275 Highway 93 North
Kalispell, MT 59901

Baker's Day Care Center
1306 Water Avenue
Libby, MT 59923

Vernie's Day Care Center
Route 4, Box 24D
Libby, MT 59923

Wee Care
Box 17
Eureka, MT 59917

Dixon Day Care Center
Box 2272
Polson, MT 59860

Angel Child Care
1011 Gerald
Missoula, MT 59801

ASUM Day Care
750 Eddy
Missoula, MT 59801

Beckwith Montessori
715 E. Beckwith
Missoula, MT 59801

Child Start
10th & Garfield
Missoula, MT 59801

Childrens' Center
432 E. Pine
Missoula, MT 59801

Edu-Care Center
603 Edith
Missoula, MT 59801

Holly Hobby Center
827 Turner
Missoula, MT 59801

Jack & Jill
1330 So. 4th St. W.
Missoula, MT 59801

Little Bo Peep
301 S. 6th W.
Missoula, MT 59801

REGION V

DAY CARE CENTERS (cont.)

Wee Care Day Care
2127 Tamarack Lane
Columbia Falls, MT 59912

Native American
508 Toole
Missoula, MT 59801

Playmate
540 Ford
Missoula, MT 59801

Rocking Horse Ranch
3803 Dore Lane
Missoula, MT 59801

Ravalli County Head Start
P.O. Box 5010
Hamilton, MT 59840 363 1440

Child Start, Inc. (Head Start)
140 South Sixth East
Missoula, MT 59801 728-5460

Playhouse
2788 Rattlesnake
Missoula, MT 59801

Play School
2439 S. 9th W.
Missoula, MT 59801

Sussez School
202 W. Sussex
Missoula, MT 59801

Kalispell Head Start
P.O. Box 956
Kalispell, MT 59901 755-5206

Flathead Head Start
P.O. Box 266
St. Ignatius, MT 59865 745-4509

CITY - COUNTY HEALTH

Valerie Blackstone, RN
Sanders Co. Health Dept.
Courthouse, Box 926
Thompson Falls, MT 59873

Missoula City-County Health Dept.
Nursing Division
301 West Alder Street
Missoula, MT 59801

Mary Ann Crothers, RN
Lincoln Co. Health Dept.
418 Mineral Avenue
Libby, MT 59923

Public Health Nurse
Tamarack Medical Clinic
P.O. Box 52
Superior, MT 59872

Flathead City-Co. Health Dept.
Nursing Division
P.O. Box 919
Kalispell, MT 59901

Ravalli Co. Public Health
Nursing Service
Courthouse, Box 5018
Hamilton, MT 59840

Early Periodic Screening, Diagnosis and Treatment Contractors (EPSDT)

Crystal Day City-County Health Dept. 301 W. Alder Missoula, MT 59801	Missoula
Karen Skonord City-County Health Box 919 Kalispell, MT 59901	Flathead
Larry Dominick Northwest Montana Human Resource Council P.O. Box 1058 Kalispell, MT 59901	Flathead, Sanders, Lincoln
Sheila Schreurs Five Valleys Health Care 235 East Pine Suite 4 Missoula, MT 59801	Mineral, Ravalli
Clayton McCracken, MD Indian Health Service P.O. Box 2143 Billings, MT 59101	Indian Reservations
Shirley Hudson, EPSDT Maternal and Child Health Dept. of Health and Environmental Sciences 25 S. Ewing Helena, MT 59601	Lake

Well Child Clinics

Audrey Gonzalez, RN Kalispell, MT 59901 755-5300	Flathead County
Virginia Reber, RN 883-5198 or Ralph Campbell, MD 883-2232 Polson, MT 59860	Lake County
Crystal Day, RN City-County Health Dept. 301 W. Alder Missoula, MT 59801 721-5700	Missoula County
Henrietta Brandon, RN Courthouse Box 5018 Hamilton, MT 59840 363-3223	Ravalli County

Appendix L

DEVELOPMENTAL ASSESSMENT SERVICE, INC.

COMPREHENSIVE SCREENING PROTOCOL

STAFF

Executive Director:
Peter J. Degel

Case Coordinators:
Barbara J. Kuester
Diana L. Bjorgen

Psychologist:
Mike Flicek

Nurse Practitioner:
Inez R. Brock

Speech/Language Pathologist:
Cashe L. Burrows

Occupational Therapist:
Jane Jedlicka

Audiologists:
Bette J. Hiner
Sue Dreith-Ratcliffe

Audiometrists:
Janel Begger
Vicki Degel

Office Manager:
Cherie F. Lacy

Secretary:
DeeAnn Stull

INTRODUCTION

The purpose of conducting a screening is to identify children who may benefit from further evaluation. The purpose of a screening is not to make a diagnosis. The screening instruments included in this protocol are only intended for the purpose of screening as stated above. Therefore, a special caution is urged when utilizing an instrument for the purpose of screening, which reports scores in the form of Mental Ages and/or Intelligence Quotients.

The recommended format for reporting the results of a screening to parents, is Pass, Rescreen or Referral. This format should minimize the possibility of results being misinterpreted or misunderstood by parents. The use of the term Fail has been deliberately avoided, as it infers that there is definitely something wrong. The state of the art of screening is not advanced to the point where such a determination can be made from screening results. Nor, is such a determination consistent with the purpose of screening. Remember, even though the method scores are reported on some instruments may lend to diagnostic conclusions, this should be avoided. Should parents request more specific information, it is recommended that interpretation of the screening results by the appropriate professional accompanies the information.

The recommended procedure for interpreting the results of a screening is for a post-screening staffing to be held by the screening team. This team should include a nurse, and a professional experienced in the administering, scoring, and interpreting of standardized instruments in addition to the other members of the Screening Team. The purpose of this meeting is to assure that the total picture of each child is considered, and that decisions are not

based on isolated test results. It is important to consider the interactive affect the various areas screened have on each other.

Only the instruments that have standardized procedures for the administration and scoring of each item are included in this protocol. Normative data was not considered a requirement, as local norms could be obtained for suitable instruments. However, some normative data is available for all of the instruments included.

In those areas where paraprofessionals or volunteers are utilized in the screening team, it is the responsibility of the professional to train these individuals in the administering, scoring and interpreting of the specific instruments they will be using. The professional who authorizes these personnel should remember that he/she is responsible for the quality and accuracy of that portion of the screen.

With the proper preparation, organization and adequate personnel, it could be possible to have several children being screened in the various areas at the same time. The total time for one child to be screened in this setting could be anywhere from thirty-five to fifty minutes.

As with other aspects in the field of children's services, this document is in a state of flux at all times. That is; we will be modifying this instrument according to new information which is obtained for the purpose of improvement and refinement. With this in mind, Developmental Assessment Services invites feedback and critique from any individual or agency regarding the utility of this protocol or any part of it.

DEVELOPMENTAL ASSESSMENT SERVICES

Instructions for Completing Screening Action Plan

The screening action plan and screening assignment report are two documents which have been developed to assist you in implementing your comprehensive screening effort. Please complete these documents as accurately as possible and forward a copy to:

Developmental Assessment Services
Glendive Medical Center
Glendive, MT 59330

It is through a review of these documents we would like to prepare a summary of screening services being provided in Region One. Your assistance in this endeavor would be greatly appreciated.

Some general considerations for completing these documents are:

1. Complete each sub-item in the screening action plan before placing your answer in the yes/no column. (For example: Items a through d should be completed on number 3 before responding in the yes/no column.)
2. Most, but not all, items are applicable to any comprehensive screening effort. If you feel an item does not apply, place a NA next to the item.
3. An example of a completed screening action plan is attached for your information.
4. The screening assignment report is designed to be utilized in conjunction with the Screening Action Plan and the DAS Comprehensive Screening Protocol. When you have established the domains to be screened (item 4a) and the age range of your target population (item 3c) you can refer to the Comprehensive Screening Protocol to choose the instrument or procedure to be used in screening each domain. It is important that this person have the necessary qualifications to administer and interpret the results of the screening so as to maximize the probability of making a valid decision from the results. Under the referral resource column, list the agencies or individuals you will be making referrals to when a child does not pass a screening in a particular domain.
5. When choosing an instrument, remember the more standards the instrument addresses in a given area the better the instrument will be in screening for problems in that domain. If you choose an instrument which neglects a particular standard which you wish to address, you may want to use a portion of another instrument which addresses that standard. The reference list will assist you in this task.

If you have any questions regarding these documents or need assistance in completing them, please feel free to contact us.

DEVELOPMENTAL ASSESSMENT SERVICES

Screening Action Plan

YES/NO

_____ 1. Goals of screening established
Specify:

_____ 2. Community resources identified
Specify:

Resource	Scope

_____ 3. Target population specified
a. Catchment area:
b. Eligibility requirements:
c. Age range:
d. Number to be screened:
e. Other:

_____ 4. Screening Assignment Report completed and attached
a. Domains to be screened
b. Instruments and/or procedures
c. Responsible persons and/or agencies
d. Referral resources for failures

_____ 5. Location and schedule completed
a. Floor plan
b. Dates
c. Time of screening:
d. Parental consent obtained:

_____ 6. Community Awareness Plan
a. personal contacts; responsible person:
b. newspaper articles; responsible person:
c. TV, radio announcements; responsible person:
d. pamphlets, brochures, posters; responsible person:
e. telephone survey; responsible person:
f. other; ; responsible person:

_____ 7. Auxiliary services arranged
a. day care:
b. transportation:
c. other:

_____ 8. Reporting arranged
a. screening results;
b. referrals;
c. follow-up;

DEVELOPMENTAL ASSESSMENT SERVICES, INC.

SCREENING ASSIGNMENT REPORT

DOMAIN SCREENED	SCREENING INSTRUMENT OR PROCEDURE	RESPONSIBLE PERSON/AGENCY	REFERRAL RESOURCE
Parent Interview			
Developmental			
Speech/Language			
Hearing			
Vision			
Social/Emotional/Behavioral			
Health/Dental			
School Readiness			
Other			

DEVELOPMENTAL ASSESSMENT SERVICES

Comprehensive Screening Program
Follow-up Contact Record

County:_____ Date of Screening:_____

Child:_____ Date of Follow-up:_____

Type of Contact

☐ Telephone

☐ Face-to-face

☐ Other

Results of contact:

☐ Receiving recommended services

☐ Not receiving recommended services, appointment made

☐ Not receiving recommended services, no appointment

Comments:

Signature_____

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

0 - 12 Months

Standards	Age	Minimum Qualifications of Staff	Equipment	Instruments/Procedure:
PHYSICAL DEVELOPMENT Addresses: 1. Prenatal history 2. Perinatal history 3. General family history 4. Height 5. Weight 6. Head circumference 7. Chest circumference 8. Temperature 9. Pulse 10. Respirations 11. Blood pressure 12. Anemia 13. Urinalysis nitrate ketones pH urobilinogen protein bilirubin glucose blood 14. Milk-intake formula breast	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.	Patient report form Tape measure (paper) Standardized scales Growth grid screening forms Recording forms Standard F^{O} thermometer a) rectal Watch with second hand Lubricating jelly Sphygmomanometer with aneroid manometer & infant size cuff Alcohol sponges Heparinized hematocrit tubes Centrifuge Micro-hematocrit tube reader Micro-lance (sterile) Cotton balls (sterile) Small band aids Chemstrips-dip sticks Urine collection bags infant size Nutrition screening forms Physical assessment forms Exam room which affords privacy -table with disposable paper -light that is adjustable Covered waste paper basket Clean disposable gloves Otoscope Ophthalmoscope Nasal speculum Flashlight Tongue depressors	Completed intake form at patient interview. National Center for Health Statistics growth charts. American Academy of Pediatrics norms & standards for physical growth and development American Academy of Pediatrics norms & standards for physical assessment & nutrition standards. American Academy of Pediatrics & State Department of Health standards & requirements for immunization

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

0 - 12 Months

Standards	Age	Minimum Qualifications of Staff	Equipment	Instruments/Procedures
PHYSICAL DEVELOPMENT-cont'd				
15. Solid food intake 16. Vitamin supplements 17. Pica 18. Snack foods 19. Nutritional problems 20. Skin 21. Head & neck 22. Ears 23. Nose, throat, mouth, teeth 24. Thorax 25. Heart 26. Abdomen	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.	Stethoscope (w/infant & child size heads) Reflex hammer Immunization assessment form	
VISION Addresses: 1. Pupil response 2. Range of motion	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings	Screening forms Ophthalmoscope Flashlight	

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
0 - 12 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
HEARING			
Addresses:	0-12 mo.		
1. Mobility of ear drums from +200 to -200 air pressure in mm(water).		1) Audiologist 2) Other professional or non-professional, trained and authorized in writing by an audiologist	1) Electroacoustic impedance bridge or otoadmittance meter which has been electronically calibrated at least yearly. 2) Probe tips in assorted sizes. 3) Alcohol.
2. Localization & startle responses to certain noisemakers.		1) Audiologist	1) Hear-Kit 2) Various noisemakers: a) Small bell: A small gold East Indian bell whi produces a high pitch and a soft ring when rung gently. b) Squeeze Toy: A soft rubber squeeze toy that makes a "whoosh" sound, not a throaty sound. Find one that sounds soft and is high pitched. c) Squeeze Toy: A soft rubber squeeze toy which produces a loud sound, used to startle child. d) Rattle: A baby rattle which can be handle to produce a soft rattling sound. Some (10) uncooked macaroni in a small jar could also be used. e) Tissue Paper: Cellophane from a cigarette pack can be used to crush in hand to produce noise. f) Attention Toy: To be held by child or used as d: traction. Not a toy which produc noise.

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
0 - 12 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
ROSS MOTOR/FINE MOTOR			
ddresses:	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
. Head control, sitting balance, weight bearing			1) Denver Developmental Screening Test 2) Milani Comparetti Motor Development Screening Test 3) Slossen Intelligence Test
. Visual tracking, Gross grasp patterns			1) Denver Developmental Screening Test 2) Developmental Activities Screening Inventory 3) Slossen Intelligence Test
PEECH/LANGUAGE			
ddresses:	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
. The beginning development of the phonological system.			1) Denver Developmental Screening Test 2) Slossen Intelligence Test
. The beginning development of the understanding and use of certain vocabulary & concepts.			1) Denver Developmental Screening Test 2) Slossen Intelligence Test
OGNITIVE			
ddresses:	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
. Development of prerequisite sensorimotor systems. (0-8 mo.)			1) Denver Developmental Screening Test 2) Slossen Intelligence Test

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
0 - 12 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
COGNITIVE-cont'd			
2. Development of a concept of object permanence. (1-12 mo.)	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	1) Denver Developmental Screening Test 2) Developmental Activities Screening Inventory
3. Development of means-ends concepts. (1-12 mo.)			1) Denver Developmental Screening Test 2) Slossen Intelligence Test 3) Developmental Activities Screening Inventory
4. Development of object related schemes. (1-12 mo.)			1) Denver Developmental Screening Test 2) Slossen Intelligence Test 3) Developmental Activities Screening Inventory
5. Development of a concept of object-relations in space. (2-12 mo.)			1) Slossen Intelligence Test 2) Developmental Activities Screening Inventory
6. Development of imitation. (4-12 mo.) a. Gestural			1) Denver Developmental Screening Test 2) Slossen Intelligence Test 3) Developmental Activities Screening Inventory
b. Vocal			1) Denver Developmental Screening Test 2) Slossen Intelligence Test
SOCIAL/EMOTIONAL/BEHAVIORAL			
Addresses:	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
1. Early attachment behaviors. a. initial signaling responses (0-9 mo.)			1) Parent Interview 2) Observation

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
0 - 12 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
SOCIAL/EMOTIONAL/BEHAVIORAL -cont'd			
b. differential social responsiveness (0-4 yr.)	0-12 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
2. Differential of self from others. a. establishes self identity (4 mo.-4 yr.) b. establishes independent activities (12 mo. - 6 yr.)			1) Parent Interview 2) Observation
3. Goal-directed partnerships. a. isolate play (40 wk.-3 yr.) b. parallel play (11 mo. - 2.11 yr.) c. cooperative play (4 mo. - 6 yr.)			1) Parent Interview 2) Observation
4. sucking, swallowing and development of chewing.			1) Denver Developmental Screening Test 2) Parent Interview
5. interest in dressing, bathing and diaper changing.			1) Parent Interview

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
13 - 30 Months

Standards	Age	Minimum Qualifications of Staff	Equipment	Instruments/Procedures
PHYSICAL DEVELOPMENT Addresses: 1. Prenatal history 2. Childhood health history 3. General family health history 4. Height 5. Weight 6. Head circumference 7. Chest circumference 8. Temperature 9. Pulse 0. Respirations 1. Blood pressure 2. Anemia 3. Urinalysis nitrate ketones pH urobilinogen protein bilirubin glucose blood 4. Milk - intake	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.	Patient report form Screening forms-Growth grids Tape measure (paper) Standardized scales Screening forms Standard F° thermometers a) rectal Watch with second hand Lubricating jelly Sphygmomanometer with aneroid manometer and infant and child size cuff. Nutritional screening forms Physical assessment forms Exam room that affords privacy -table with disposable paper -light that is adjustable Covered waste basket Clean gloves Lubrication jelly Otoscope Opthalmoscope Nasal speculum Flashlight Tongue depressors Watch with second hand Stethoscope (child size) Reflex hammer Immunization assessment form	Completed intake form at parent interview. National Center for Health Statistics growth charts. American Academy of Pediatrics norms and standards for physical growth and development. American Academy of Pediatrics norms and standards for physical assessment. American Academy of Pediatrics norms and standards of nutrition intake. American Academy of Pediatrics norms and standards and State Department of Health requirements.

Standards	Age	Minimum Qualifications of Staff	Equipment	Instruments/Procedur
PHYSICAL DEVELOPMENT-cont'd				
15. Solid food intake 16. Vitamin supplements 17. Pica 18. Snack foods 19. Nutritional problems 20. Skin 21. Head and neck 22. Ears 23. Nose, throat, mouth and teeth 24. Thorax	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.		
VISION				
Addresses: 1. Pupil response to light 1 - 2 yr. 2. Range of motion 1 - 2 yr. 3. Identifies standardized pictures 2 yr.	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.	Screening form Opthalmoscope Flashlight Standardized Allen Cards or Titmus Telobinocular Vision screening tester -- Peek-A-Boo Series Cards	

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

13 - 30 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
HEARING			
Addresses:	13-30 mo.		
1. Mobility of ear drums from +200 to -200 air pressure in mm (water).		1) Audiologist 2) Other professional or non-professional, trained and authorized, in writing by an audiologist	1) Electroacoustic impedance bridge or otoadmittance meter which has been elctronically calibrated at least yearly. Compliance should be checked in accordance with the instruction manual prior to each screening session. 2) Probe tips in assorted sizes. 3) Alcohol.
2. Localization and startle responses to certain noisemakers.		1) Audiologist	1) Hear-Kit 2) Various Noisemakers: a) Small Bell: A small gold East Indian bell which produces a high pitch and a soft ring when rung gently. b) Squeeze Toy: A soft rubber squeeze toy that makes a "whoosh" sound, not a throaty sound. Find one that sounds soft and is high pitched. c) Squeeze Toy: A soft rubber squeeze toy which produces a loud sound. Used to startle child. d) Rattle: A baby rattle which can be handled to produce a soft rattling sound. Some (10) uncooked macaroni in a small jar could be used. e) Tissue Paper: Cellophane from a cigarette pack can be used to crush in hand to produce noise. f) Attention Toy: To be held by child or used as distraction. Not a toy which produces noise.

13 - 30 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
GROSS MOTOR/FINE MOTOR			
Addresses:	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
1. Walking a) forward b) backward c) sideways Climbing stairs Descending stairs			1) Denver Developmental Screening Test
2. Precision prehension patterns Refined manipulations Opposition Supination			1) Denver Developmental Screening Test 2) Slossen Intelligence Test 3) Developmental Activities Screening Inventory
SPEECH/LANGUAGE			
Addresses:	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
1. The continued development of the phonological system.			1) Denver Developmental Screening Test 2) Slossen Intelligence Test
2. The continued development of the understanding and use of certain vocabulary and concepts.			1) Denver Developmental Screening Test 2) Slossen Intelligence Test
3. The beginning development of understanding and use of grammatical structures.			1) Denver Developmental Screening Test 2) Slossen Intelligence Test

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
13 - 30 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
SPEECH/LANGUAGE-cont'd			
4. The quality, resonance, loudness and pitch of voice.	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	1) Comprehensive Identification Process (Any instrument that screens for verbal expressive language skills provides a vehicle for monitoring and determining if a child should be referred for follow-up in the area of voice.)
COGNITIVE			
Addresses:	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
1. Development of means-ends concepts (under 12 mo. to 27 mo.)			1) Slossen Intelligence Test
2. Development of object related schemes (under 12 mo. to over 30 mo.)			1) Denver Developmental Screening Test 2) Slossen Intelligence Test
3. Development of a concept of object-relations in space (under 12 mo. to over 30 mo.)			1) Denver Developmental Screening Test 2) Slossen Intelligence Test 3) Developmental Activities Screening Inventory
4. Development of operational causality concepts (under 12 mo. to 21 mo.)			1) Slossen Intelligence Test

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

13 - 30 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
:GNITIVE-cont'd			
. Development of imitation (under 12 mo. to 23 mo.) a) Gestural	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	1) Denver Developmental Screening Test 2) Slossen Intelligence Test 3) Developmental Activities Screening Inventory
b) Vocal			1) Denver Developmental Screening Test 2) Slossen Intelligence Test
OCIAL/EMOTIONAL/BEHAVIORAL			
ddresses:	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
. Early attachment behaviors a. differential social responsiveness (0-4 yr.)			1) Parent Interview 2) Observation
. Differential of self from others a. establishes self identity (4 mo. - 4 yr.) b. established independent activities (12 mo. - 6 yr.)			1) Parent Interview 2) Observation
. Goal-directed partnerships a. isolate play (40 wk. - 3 yr.)			1) Parent Interview 2) Observation

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
13 - 30 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
SOCIAL/EMOTIONAL/BEHAVIORAL -cont'd			
b. parallel play (11 mo. - 2.11 yr.) c. cooperative play (4 mo. - 6 yr.)	13-30 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
4. Self-Help - Development of self feeding skills.			1) Slossen Intelligence Test 2) Denver Developmental Screening Test 3) Parent Interview
5. Self-Help - basic dressing, grooming skills and toilet training.			1) Denver Developmental Screening Test 2) Parent Interview

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
31 - 60 Months

Standards	Age	Minimum Qualifications of Staff	Equipment	Instruments/Procedures
PHYSICAL DEVELOPMENT Addresses: 1. Childhood health history 2. General family health history 3. Height 4. Weight 5. Head circumference 6. Chest circumference 7. Temperature 8. Pulse 9. Respirations 10. Blood pressure 11. Anemia 12. Urinalysis nitrate ketones pH urobilinogen protein bilirubin glucose blood 13. Milk-intake 14. Solid food intake	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.	Patient report form Screening forms Tape measure (paper) Standardized scales Standard F° thermometers a) rectal b) oral Watch with second hand Lubricating jelly Sphygmomanometer with aneroid manometer and child size cuff. Alcohol sponges Heparinized hematocrit tubes Centrifuge Micro-hematocrit tube reader Micro-lance (sterile) Cotton ball (sterile) Small band aids Chemstrip- dip sticks Urine collections bottles (child size) Nutritional screening forms Physical assessment forms Exam room that affords privacy -table with disposable paper -light that is adjustable Covered waste basket Clean disposable gloves Otoscope Ophthalmoscope Nasal speculum Flashlight Tongue Depressors Watch with second hand	Completed intake form at parent interview. National Center for Health Statistics growth charts. American Academy of Pediatrics norms and standards for physical growth and development. American Academy of Pediatrics norms and standards for physical assessment and nutrition standards. American Academy of Pediatrics and State Department of Health standards and requirements for immunizations.

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

31 - 60 Months

Standards	Age	Minimum Qualifications of Staff	Equipment	Instruments/Procedures
PHYSICAL DEVELOPMENT-cont'd				
15. Vitamin supplements 16. Pica 17. Snack foods 18. Nutritional problems 19. Skin 20. Head and neck 21. Ears 22. Nose, throat, mouth and teeth 23. Thorax 24. Heart 25. Abdomen 26. Genitalia/rectum 27. Neurologic	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretations of findings.	Stethoscope (child size) Reflex hammer Immunization assessment form	
VISION				
Addresses: 1. Simultaneous 2. Vertical	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.	Screening forms Ophthalmoscope Titmus Telobinocular Vision screening tester Peek-A-Boo series cards	

Standards	Age	Minimum Qualifications of Staff	Equipment	Instruments/Procedures
ISION-cont'd				
. Lateral . Fusion . Depth . Distance . Near . Color . Pupil response . R.O.M.	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in physical assessment skills and interpretation of findings.		

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
EARING			
dresses:	31-60 mo.		
. Mobility of ear drums from +200 to -200 air pressure in mm (water).		1) Audiologist 2) Other professional or non-professional trained and authorized in writing by an audiologist.	1) Electroacoustic impedance bridge or otoadmittance meter which has been electronically calibrated at least yearly. Compliance should be checked in accordance with the instruction manual prior to each screening session. 2) Probe tips in assorted sizes. 3) Alcohol

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
31 - 60 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
EARING-cont'd			
. Localization and startle responses to certain noisemakers. (31-42 months)	31-60 mo.	1) Audiologist	1) Hear-Kit 2) Various noisemakers: a) Small bell: A small gold East Indian bell which produces a high pitch and a soft ring when rung gently. b) Squeeze Toy: A soft rubber squeeze toy that makes a "whoosh" sound, not a throaty sound. Find one that sounds soft and is high pitched. c) Squeeze Toy: A soft rubber squeeze toy which produces a loud sound, used to startle child. d) Rattle: A baby rattle which can be handled to produce a soft rattling sound. Some (10) uncooked macaroni in a small jar could also be used. e) Tissue Paper: Cellophane from a cigarette pack can be used to crush in hand to produce noise. f) Attention Toy: To be held by child or used as distraction. Not a toy which produces noise.
Sensitivity to pure tones at loudness levels of not more than 20 dB HTL at frequencies 1000 Hz, 2000 Hz, and 4000 Hz in a quiet environment. (43 - 60 mo.)		1) Audiologist 2) Other professsional or non-professional trained and authorized in writing by an audiologist.	1) Portable pure tone air conduction audiometer electronically calibrated yearly and biologically calibrated prior to each screening session. 2) Ring tower or plain blocks or other simple toys to use for play conditioning.

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

31 - 60 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
GROSS MOTOR/FINE MOTOR			
Addresses:	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
1. balance walking jumping hopping			1) McCarthy Screening Test 2) Denver Developmental Screening Test 3) Developmental Indicators for the Assessment of Learning 4) Comprehensive Identification Process 5) Elliot-Pearson Screening Inventory
2. skilled hand movements visual motor integration			1) Elliot-Pearson Screening Inventory 2) Denver Developmental Screening Test 3) McCarthy Screening Test 4) Developmental Activity Screening Inventory 5) Comprehensive Identification Process 6) Developmental Indicators for the Assessment of Learning 7) Preschool Screening System
SPEECH/LANGUAGE			
Addresses:	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	
1. The continued development of the phonological system (specific attention to articulation skills if appropriate).			1) Developmental Indicators for the Assessment of Learning 2) Comprehensive Identification Process

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

31 - 60 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
SPEECH/LANGUAGE-cont'd			
. The continued development of the understanding and use of certain vocabulary and concepts.	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	1) Developmental Indicators for the Assessment of Learning 2) Comprehensive Identification Process 3) Del Rio Language Screening Test 4) Denver Developmental Screening Test 5) Preschool Screening System 6) The Elliot-Pearson Screening Inventory
. The continued development of understanding and use of grammatical structures.			1) Developmental Indicators for the Assessment of Learning 2) Comprehensive Identification Process 3) Denver Developmental Screening Test 4) Del Rio Language Screening Test 5) Preschool Screening System
. The quality, resonance, loudness and pitch of voice.			1) Comprehensive Identification Process
. The repetitions, prolongations, secondary symptoms and other characters of stuttering.			1) Comprehensive Identification Process (Any instrument that screens for verbal expressive language skills provides a vehicle for monitoring and determining if a child should be referred for follow-up in the area of voice or stuttering.)

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL

31 - 60 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
COGNITIVE			
Addresses: 1. Development of a concept of object-relations in space.	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	1) Comprehensive Identification Process 2) Developmental Indicators for the Assessment of Learning 3) Denver Developmental Screening Test 4) Elliot-Pearson Screening Inventory 5) Developmental Activities Screening Inventory
SOCIAL/EMOTIONAL/BEHAVIORAL			
Addresses: 1. Early attachment behaviors a. differential social responsiveness (0-4 yr.)	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	1) Parent Interview 2) Observation
2. Differential of self from others a. establishes self-identity (4 mo.-4 yr.) b. establishes independent activities (12 mo. - 6 yr.)			1) Parent Interview 2) Observation
3. Goal-directed partnerships a. isolate play (40 wk. - 3 yr.) b. cooperative play (4 mo. - 6 yr.)			1) Parent Interview 2) Observation

DEVELOPMENTAL ASSESSMENT SERVICES COMPREHENSIVE SCREENING PROTOCOL
31 - 60 Months

Standards	Age	Minimum Qualifications of Staff	Instruments/Procedures
CIAL/EMOTIONAL/BEHAVIORAL cont'd			
. Refined independent feeding skills	31-60 mo.	Person must be trained and authorized in writing by a professional experienced in administering and scoring and interpreting of standardized tests.	1) Developmental Profile 2) Parent Interview
. Independence in secondary dressing, hygiene and toileting skills			1) Denver Developmental Screening Test 2) Developmental Profile 3) Parent Interview

SOURCES

Basic Developmental Screening 0-2 Years
Author- Ronald Illingworth
Laco Bookstores, Inc.
4 E. Alexandrine at John R.
Detroit, MI 48201 Cost $3.95

Comprehensive Identification Process (CIP)
Scholastic Testing Services
480 Meyer Road
Bensenville, IL 60106 Cost $54.50 Kit

Del-Rio Language Screening Test
National Educational Publishers, Inc.
P.O. Box 1003
Austin, TX 78767 Cost $6.00

Denver Developmental Screening Test (DDST)
LADOCA Project and Publishing Foundation, Inc.
East 51st Avenue and Lincoln Street
Denver, CO 80216

Developmental Activities Screening Inventory (DASI)
Teaching Resources
A New York Times Company

Developmental Indicators for the Assessment of Learning (DIAL)
DIAL, Inc.
Box 911
Highland Park, IL 60035 Cost $99.00

Developmental Screening 0-5 Years, Volume 30
D. F. Egan, et. al.
Laco Bookstores, Inc.
4 E. Alexandrine at John R.
Detroit, MI 48201 Cost $7.75

Eliot-Pearson Screening Inventory, The (EPSI)
Author- Samuel J. Meisels
Eliot-Pearson Department of Child Study
Tufts University
Medford, MA 02155

Hear-Kit
Bam World Markets, Inc.
P.O. Box 10701
University Park Station
Denver, CO 80210 Approximate Cost $41.00

Impedance Audiometers

Madsen Electronics
Suite 116
1807 Elmwood Avenue
Buffalo, NY 14207
(716) 856-8673

OR

Madsen Electronics
145 Palisade Street
Dobbs Ferry, NY 10522
(914) 693-1232

Model ZS 76 Approximate Cost $1495.00
Model ZS 76-1 Approximate Cost $1775.00

Impedance Audiometers

American Electromedics Corporation
533 Main Street
Box 317
Acton, MA 01720
(617) 263-2986

Model 85R Tympanometer Approximate Cost $1790.00
Model 86R Tympanometer-Audiometer Approximate Cost $2190.00
Model AE85 Tympanometer Cost Unknown

Keystone View Vision Screening Test Set

Keystone View
2212 East 12th Street
Davenport, IA 52803

McCarthy Screening Test (MST)

Psychological Corporation
304 E. 45th Street
New York, NY 10017 Cost $59.00

Miliani Comparetti Motor Development Screening Test

Meyer Children's Rehabilitation Institute
University of Nebraska
Medical Center
Omaha, NE 69131 Cost $1.75

Nelson Textbook of Pediatrics

Authors- Victor C. Vaughan and R. James McKay
Laco Bookstores, Inc.
4 E. Alexandrine at John R.
Detroit, MI 48201 Cost $34.74

Pediatric History Taking and Physical Diagnosis for Nurses

Authors- Mary Alexander and Marie Brown
Laco Bookstores, Inc.
4 E. Alexandrine at John R.
Detroit, MI 48201 Cost $9.00

Portable Pure Tone Audiometers

Maico Hearing Instruments
7375 Bush Lake Road
Minneapolis, MN 55435
(612) 835-400

Model MA 27 Approximate Cost $530.00
Model MA 19 Approximate Cost $525.00
Model MA 20 Approximate Cost $639.00

Portable Pure Tone Audiometers
Beltone Electronics Corporation
Hearing Test Instruments Division
4201 W. Victoria Street
Chicago, IL 60646

Portable Pure Tone Audiometers
Gen-Rad
Grason-Stadler Division
Route 117
Bolton, MA 01740
(617) 779-6961

Preschool Screening System (PSS)
First Step Publications
Box 1635
Pawtucket, RI 02862 Cost $6.00

Probe Tips for Impedance

Madsen Electronics
Suite 116
1807 Elmwood Avenue
Buffalo, NY 14207
(716) 856-8673

OR

Madsen Electronics
145 Palisade Street
Dobbs Ferry, NY 10522
(914) 693-1232

One size, package of 25 Cost $5.00
Seven different sizes needed

Screening and Early Diagnosis of Neuromotor Defects in Infants
Authors- Bunbeck, Rupprecht, and Alexander
Laco Bookstores, Inc.
4 E. Alexandrine at John R.
Detroit, MI 48201 Cost $11.75

Slosson Intelligence Test (SIT)
Western Psychological Services
12031 Welshire Boulevard
Los Angeles, CA 90025 Cost $7.00 Kit

Appendix M

of Montana
e of Public Instruction
gia Rice, Superintendent
na, MT 59601

PARENT CONSENT FOR EVALUATION

Date _____

_____ has been referred for comprehensive evaluation

for the following reasons: _____

_____

The School District would like to conduct an evaluation to insure that your son/daughter has an appropriate education. Our evaluation plan is:

	Type of Evaluation	Procedure Utilized
___	Achievement:	Instruments to indicate strenghts and weaknesses within or between subject areas.
___	Speech/Language:	Assessment of receptive and expressive language and speech skills.
___	Intelligence:	Individual and group instruments designed to help determine a student's general level of intellectual functioning in the academic setting.
___	Behavior:	Assessment of social skills and emotional status of the child.
___	Physical:	Data relating to visual and hearing acuity, gross and fine motor development and medical evaluation.
___	Other:	_____

_____

It is very important that you be aware of and understand that you have the following rights:

1. To review all records related to the referral for evaluation.
2. To review the procedures and instruments to be used in the evaluation.
3. To refuse to permit the evaluation (in which case the local education agency can request a hearing to present the reasons for obtaining approval to conduct the evaluation).
4. To be fully informed of the results of the evaluation.
5. To obtain an independent evaluation for your child if you are not satisfied with the districts evaluation.

Your child's educational status will not be changed without your knowledge and written approval.

Please complete this form and return it to _____
(Name)

by _____. Should you have any questions, please do not
(Date)

hesitate to call me. _____
(Name) (Title) (Phone)

I understand the reasons and the description of the evaluation process described above and have checked the appropriate box below. I also understand my parental rights.

___ Permission is given to conduct the evaluation as described.

___ Permission is denied.

_____
Parent's Signature Date

Appendix N

Big Sky Country

STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES

P.O. BOX 4210
HELENA, MONTANA 59601

MONTANA

AS L. JUDGE
OVERNOR
CK E. MELBY
RECTOR

ECONOMIC ASSISTANCE
JACK R. CARLSON
ADMINISTRATOR

EPSDT CONTRACTOR MAILINGS

Shirley McGuire City County Health Department City-County Building 316 North Park Helena, Mt 59601	Lewis and Clark, Broadwater, Jefferson
Jan Treml City County Health Department Courthouse Billings, MT 59101	Yellowstone
Crystal Day City County Health Department 301 West Alder Missoula, MT 59801	Missoula
Becky Harrington City County Health Department 25 W. Front Butte, MT	Silver Bow, Deer Lodge, Powell
Shirley Hudson EPSDT MCH - DHES	State Team
Peter Degel Developmental Assessment Services Glendive Medical Center Glendive, Mt 59330	Phillips, Valley, Daniels, Sheridan, Roosevelt, Garfield, McCone, Richland, Dawson, Wibaux, Prairie, Treasure, Rosebud, Custer, Powder River, Carter, Fallon
Cherry Travis City County Health Dept. 1130 - 17th Avenue South Great Falls, Mt 59405	Cascade
Karen Skonord City County Health Box 919 Kalispell, Mt 59901	Flathead
Clayton McCracken, M.D. Indian Health Service P.O. Box 2143 Billings, Mt 59103	Indian Reservations